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FOREWORD

The beginning of the last decade of this century, indeed of this millennium, is a particularly fitting moment to take stock and reflect on the kind of world we hope to leave to succeeding generations.

As I wrote in the preface to the principal background document UNFPA prepared for the International Forum on Population in the Twenty-first Century held in Amsterdam in November 1989, I believe all of us wish the future world to be,

> *A world at peace devoting an ever-increasing proportion of its resources to the elimination of poverty, disease and illiteracy in societies everywhere;*
>
> *A world in which population is in balance with natural resources and there is clean air to breathe, clean water to drink, wholesome food to eat, a world in which the natural beauty of the earth is preserved for generations to come;*
>
> *A world in which cultural diversity is preserved and the riches of all traditions shared, but also one in which social change is encouraged;*
>
> *A world in which fundamental human rights are attained and the dignity and worth of the human person and the equal rights of men and women reaffirmed;*
>
> *A world in which our common humanity and global interdependence are reaffirmed and people of all nations helped to enjoy the benefits of economic development and full participation in the civic, economic, political and social life of their communities and nations;*
>
> *A world in which our international institutions are strengthened by mobilizing our best efforts from all parts of the world and by providing these institutions with the resources necessary to help lead the way in achieving these ends.*

The International Forum in Amsterdam was an important step in the long journey to such a world in the future. It provided an excellent opportunity to reflect on the findings and recommendations of the wide-ranging review and assessment of accumulated population experience completed by the United Nations Population Fund in 1989, as well as on the recommendations and goals set forth in UNFPA's 1989 State of World Population report, "Investing in Women: The Focus of the Nineties". Such reflection enabled Forum participants to develop the contours of an expanded international population agenda for the 1990s and the beginning of the next century which formed the basis of The Amsterdam Declaration, entitled "A Better Life for Future Generations".

The implementation of The World Population Plan of Action and the ambitious "Call to Action" of The Amsterdam Declaration will require a far stronger global partnership in population, development and environmental matters than exists today. UNFPA, for its part, is committed to bringing about higher levels of awareness of population issues, and how they relate to both development and the environment. The Fund will also continue to draw attention to the crucial importance of population concerns to the well-being and quality of life of present and future generations. UNFPA is dedicated to helping set a firm course of action to foster the equitable, sustained and sustainable development that is required if we are to find real and lasting solutions to the major population, development and environmental problems that confront all of us.

Nafis Sadik
Executive Director

II. UNFPA IN 1989:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- Income in 1989 (provisional) totalled $184.9 million, compared to 1988 income of $178.0 million, an increase of 3.9 per cent compared to 1988.

- Pledges to UNFPA's general resources in 1989 totalled $180.7 million, $13.4 million more than 1988, a percentage increase of 8 per cent. At year's end, cumulative pledges through 1989 totalled $2.0 billion from a cumulative total of 151 donors.

- The number of donors in 1989 totalled [illegible]. There were two first-time donors in 1989 (Equatorial Guinea and Vanuatu).

- The Fund's ongoing efforts to seek additional resources for population projects and programmes through multi-bilateral and other arrangements generated an additional $6.4 million during 1989 for projects with allocations totalling $10.1 million at year-end (see part III).

Allocations and expenditures

- Total programme ceiling given by the Governing Council for 1989 was $191.6 million, compared to $173.7 million for 1988.

- Project allocations in 1989 totalled $194.2 million, including $39.2 million carryover from 1988. Project allocations in 1988 totalled $169.1 million, including $26.7 million carryover from 1987. Project expenditures (provisional) for 1989 totalled $157.5 million compared to project expenditures in 1988 of $129.7 million.

- Expenditures (provisional) in 1989 totalled $203.7 million, compared to $167.2 million in 1988. The 1989 figure included $109.8 million for country programmes, compared to $89.9 million in 1988; $47.7 million for intercountry (regional, interregional and global) programmes, compared to $39.8 million for 1988. Total administrative and programme support services (APSS) expenditure for both headquarters and field offices was $32.1 million in 1989 (net of $2.2 million overhead credits), compared to $26.7 million in 1988 (net of $2.0 million overhead credits). Field office costs were $11.6 million in 1989 compared to $9.7 million in 1988. Agency support costs were $14.1 million in 1989, compared to $10.7 million in 1988. Agency support costs, both in 1988 and 1989, in addition to including all overhead payments to United Nations executing agencies, also included non-governmental organizations and support costs on procurement services for government-implemented projects.

- The project expenditure rate (expenditures divided by allocations) was provisionally 81.1 per cent, compared to 76.8 per cent (final) in 1988. The resource utilization rate (expenditures divided by programmable resources approved by the Governing Council) was provisionally 89.3 per cent in 1989 compared to 81.1 per cent in 1988.

- 501 new projects were approved in 1989, amounting to $51.0 million, compared to 605 new projects in 1988 amounting to $64.5 million.

- At year's end, UNFPA was assisting 3538 projects: 2596 country and 942 regional and intercountry projects (1156 country and regional projects in Africa; 907 in Asia and the Pacific; 583 in Latin America and the Caribbean; and 444 in the Arab States and Europe); 291 interregional; and 157 global projects. In 1989, 229 projects were completed, bringing the cumulative total of all projects completed through 1989 to 3173.

- For allocations in 1989 by major function, by geographical area, and by country category, see data on page 5 (part I).

Country activities

- 372 new country projects were approved in 1989, amounting to $42.5 million or 30.0 per cent of total allocations of $141.5 million to country projects, compared to 413 new country projects in 1988 amounting to $32.7 million or 36.4 per cent of total expenditures for country projects in 1988.

- Allocations to continuing country projects amounted to $99 million or 70 per cent of total allocations to country projects, compared to expenditures for continuing country projects amounting to $57.1 million in 1988 or 63.6 per cent of total expenditures for country projects.

- For allocations to country activities, by work plan category, and by priority and non-priority country and regional activities, see tables, page 6 (part I).

Priority countries

. By decision 88/34 I, adopted at its thirty-fifth session in June 1988, the Governing Council, inter alia, approved a revision of the criteria for designation of priority countries for UNFPA assistance. Under the revised criteria, 56 countries have been given priority status. By geographic area, these priority countries number: Africa, 31; Asia and the Pacific, 16; Latin America and the Caribbean, 3; and Arab States, 6.

. Of the total amount of resources allocated to country programmes and projects in 1989, 74.6 per cent was allocated to these 56 priority countries, compared to 73.5 per cent of expenditures for these countries in 1988.

. Total allocations in 1989 to the 56 priority countries amounted to $105.5 million, compared to $66.0 million in expenditures for these countries in 1988.

Intercountry activities

. Allocations for intercountry activities (regional, interregional and global) totalled $52.7 million in 1989, compared to $39.7 million in expenditures in 1988. By category of activity, these allocations were: regional, $28.2 million in 1989, compared to $19.9 million in expenditures in 1988; interregional and global, $24.5 million in 1989, compared to $19.8 million in expenditures in 1988.

. Intercountry programmes accounted for 27.1 per cent of 1989 total allocations, compared to 30.6 per cent of expenditures in 1988.

Execution of projects

. The number of projects directly executed by Governments in 1989 numbered 651, compared to 611 in 1988, and totalled $54 million or 27.8 per cent of total 1989 programme allocations, compared to $35.2 million or 27.1 per cent of programme expenditures in 1988.

. For allocations in 1989 by executing agency, see table, page 5 (part I).

Programme review and strategy development missions

. In 1989, UNFPA undertook programme review and strategy development missions to five countries - one in Africa (Angola), one in Arab States (Syrian Arab Republic) and three in Latin America and the Caribbean (Ecuador, Haiti and Mexico) - bringing the total missions (needs assessment missions and programme review and strategy development missions) conducted since 1977 through 1989 to 119.

Administration and personnel

. In 1989, administrative and programme support services (APSS) expenditures (provisional), including both headquarters and field office costs, were $32.1 million (net of $2.2 million of overhead credits) or 17.3 per cent of the 1989 total estimated income of $184.9 million. Comparable administrative expenditures in 1988 were $26.7 million or 15.0 per cent of the 1988 income of $178.0 million.

. As of 1 January 1990, in accordance with Governing Council decisions 85/20 of June 1985, 86/35 of June 1986, 87/31 of June 1987, 88/36 of June 1988 and 89/49 of June 1989, the total number of authorized budget posts numbered 694, comprising 167 professional and 527 general service staff. These included 100 professional and 132 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 63 Professional and 395 local General Service posts in the field.

. The percentage of women on UNFPA's professional staff at headquarters and in the field continued to be over 34 per cent, one of the highest percentages among United Nations agencies and organizations. In 1990, the percentage is expected to be approximately 35 per cent.

. UNFPA continued to maintain a close operational relationship with UNDP, which also provides the Fund on a reimbursable basis with some administrative support for financial and computer services, personnel administration and travel services and the processing of Governing Council documents. Following agreement between UNDP and UNFPA on the subvention arrangement, approved by the Governing Council at its thirty-fifth session (decision 88/36), UNFPA reimbursement to UNDP for the services rendered was set in the budget at $3.3 million for the biennium 1988-1989. In 1988, UNFPA reimbursed UNDP the amount of $1.6 million. In 1989, UNFPA reimbursed UNDP the amount of $1.7 million.

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UNFPA PROGRAMME IN 1988 AND 1989: AT A GLANCE

(Data for 1988 are expenditures; data for 1989 are allocations[1])

UNFPA assistance by major function

	In thousand $US		Percentage of total programme	
	1988	1989	1988	1989
Family planning	67 982	89 847	52.4	46.3
Communication and education	18 908	32 691	14.6	16.8
Basic data collection	13 000	21 163	10.0	10.9
Population dynamics	14 774	24 254	11.4	12.5
Formulation and evaluation of population policies	9 331	13 320	7.2	6.9
Implementation of policies	263	73	0.2	0.0
Multisector activities	2 187	5 414	1.7	2.8
Special programmes	3 248	7 482	2.5	3.8
Total	129 693	194 244	100.0	100.0

UNFPA assistance by geographical region

	In thousand $US		Percentage of total programme	
	1988	1989	1988	1989
Africa	31 226	50 058	24.1	25.8
Arab States and Europe	14 752	23 440	11.4	12.1
Asia and the Pacific	46 648	70 256	36.0	36.2
Latin America and the Caribbean	17 194	25 926	13.2	13.3
Interregional and Global	19 873	24 504	15.3	12.6
Total	129 693	194 244	100.0	100.0

UNFPA assistance by country/intercountry category

	In thousand $US		Percentage of total programme	
	1988	1989	1988	1989
Country	89 899	141 517	69.3	72.9
Intercountry	39 794	52 727	30.7	27.1
Total	129 693	194 244	100.0	100.0

UNFPA assistance by country category, all regions

	In thousand $US		Percentage of total country programme	
Priority country	66 091	105 546	73.5	74.6
Other country	23 808	35 971	26.5	25.4
Total	89 899	141 517	100.0	100.0

UNFPA assistance by executing agency

	In thousand $US		Percentage of total programme	
	1988	1989	1988	1989
Government-executed projects[2]	35 202	53 969	27.1	27.8
United Nations	20 999	31 502	16.2	16.2
Regional commissions	7 517	9 711	5.8	5.0
ILO	7 376	11 987	5.7	6.2
FAO	2 332	4 103	1.8	2.1
UNESCO	7 630	12 143	5.9	6.3
UNEP	19	93	0.0	0.1
WHO	21 744	28 364	16.7	14.6
UNICEF	148	(10)	0.1	0.0
UNFPA[3]	7 367	20 820	5.7	10.7
UNIDO	2	2	0.0	0.0
Non-governmental organizations	18 242	19 902	14.1	10.2
UNDP (OPS)	1 115	1 658	0.9	0.8
Total	129 693	194 244	100.0	100.0

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[1] Expenditure data for 1989 are not available until after the due date for submission of this document to the Governing Council.

[2] Includes UNFPA assistance to procurement for Governments' projects as follows: $22 million in 1988 and $19.7 million in 1989.

[3] See footnote 2.

UNFPA expenditures (1988) and allocations (1989), by region

By major sector	AFRICA (SUB-SAHARAN) (in $US 000) 1988	1989	Percentage of total programme 1988	1989	ARAB STATES AND EUROPE (in US$ 000) 1988	1989	Percentage of total programme 1988	1989	ASIA AND THE PACIFIC (in US$ 000) 1988	1989	Percentage of total programme 1988	1989
Family planning	11 570	18 579	37.1	37.1	5 532	8 593	37.5	36.6	33 522	40 562	71.8	57.7
Communication and education	5 045	11 239	16.2	22.4	2 945	4 567	20.0	19.5	5 398	9 584	11.6	13.6
Basic data collection	6 008	7 534	19.2	15.1	1 460	1 970	10.0	8.4	2 085	7 866	4.5	11.2
Population dynamics	4 232	5 144	13.6	10.3	2 928	4 539	19.8	19.4	3 524	8 533	7.5	12.2
Formulation and evaluation of population policies	3 380	4 922	10.8	9.8	961	1 305	6.5	5.6	823	983	1.7	1.4
Implementation of policies	0	8	0.0	0.0	242	55	1.6	0.2	23	10	0.1	0.0
Multisector activities	541	1 047	1.7	2.1	148	584	1.0	2.5	455	972	1.0	1.4
Special programmes	450	1 585	1.4	3.2	536	1 827	3.6	7.8	818	1 746	1.8	2.5
TOTAL REGION	31 226	50 058	100.0	100.0	14 752	23 440	100.0	100.0	46 648	70 256	100.0	100.0
By country category*												
Priority country	18 389	33 553	58.9	67.0	7 696	11 742	52.2	50.1	37 774	57 434	81.0	81.7
Other country	5 019	6 198	16.1	12.4	4 319	7 089	29.3	30.2	3 664	5 599	7.8	8.0
Total country	23 408	39 751			12 015	18 831			41 438	63 033		
Regional	7 818	10 307	25.0	20.6	2 737	4 609	18.5	19.7	5 210	7 223	11.2	10.3
TOTAL REGION	31 226	50 058	100.0	100.0	14 752	23 440	100.0	100.0	46 648	70 256	100.0	100.0

By major sector	LATIN AMERICA AND THE CARIBBEAN (in $US 000) 1988	1989	Percentage of total programme 1988	1989	INTERREGIONAL AND GLOBAL (in US$ 000) 1988	1989	Percentage of total programme 1988	1989
Family planning	9 724	12 787	56.5	49.3	7 633	9 326	38.4	38.0
Communication and education	1 454	3 151	8.5	12.2	4 065	4 149	20.4	16.9
Basic data collection	1 923	2 413	11.2	9.3	1 524	1 381	7.7	5.6
Population dynamics	2 286	3 592	13.3	13.9	1 806	2 446	9.1	10.0
Formulation and evaluation of population policies	1 162	2 546	6.8	9.8	3 005	3 564	15.1	14.5
Implementation of policies	0	0	0.0	0.0	(2)	0	0.0	0.0
Multisector activities	113	321	0.7	1.2	930	2 489	4.7	10.0
Special programmes	532	1 116	3.1	4.3	912	1 209	4.6	5.0
TOTAL REGION	17 194	25 926	100.0	100.0	19 873	24 564	100.0	100.0
By country category*								
Priority country	2 231	2 817	13.0	10.9				
Other country	10 806	17 086	62.8	65.9				
Total country	13 037	19 903						
Regional	4 157	6 023	24.2	23.2				
TOTAL REGION	17 194	25 926	100.0	100.0				

Priority Countries (as modified in 1988 in accordance with 88/34 I)

Africa:
Benin, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Comoros, Cote d'Ivoire, Equatorial Guinea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Mauritania, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia.

Arab States and Europe
Democratic Yemen, Egypt, Morocco, Somalia, Sudan, Yemen.

Asia and the Pacific
Afghanistan, Bangladesh, Bhutan, China, Cambodia, India, Indonesia, Lao People's Democratic Republic, Maldives, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Sri Lanka, Viet Nam.

Latin America and the Caribbean
Bolivia, Haiti, Honduras.

* The figures for 1988 and 1989 are for the 56 priority countries that were so designated in accordance with decision 88/34.

I. REVIEW OF PROGRAMME BY GEOGRAPHIC REGION

A. Africa (sub-Saharan)

1. During 1989, most of the Governments of sub-Saharan African countries showed increasing concern about maternal and infant mortality and infertility rates, which continued to be among the highest in the world. Indeed, all Governments in the region now recognize the importance of family planning and/or birth spacing, in particular in the context of effective health care. At the International Forum on Population in the Twenty-first Century, which was held in Amsterdam, the Netherlands, 6-9 November 1989 (see paras. 176-180 of this report), the representatives of some 30 African Governments endorsed the recommendation contained in the Amsterdam Declaration to "improve coverage and quality of maternal and child health and family planning (MCH/FP) programmes wherever possible within the context of primary health care and, where circumstances make it necessary, through other approaches".

2. UNFPA support to MCH/FP programmes in the Africa region continued to take into account the guiding principles of the strategy for UNFPA assistance in sub-Saharan Africa put forth in document DP/1987/37, which was approved by the Governing Council at its thirty-fourth session. These include, among other things, helping countries to provide their populations with better access to information on birth spacing and family planning and to expand and improve the quality of health services in order to reduce infant mortality, maternal morbidity and high fertility. To this end, UNFPA has concentrated its assistance on the development of health personnel in all categories of MCH/FP through training in family planning, the development and improvement of statistical systems for MCH/FP services, and the undertaking of operations research on family systems in various cultural and socio-economic settings. During 1989, UNFPA allocated approximately $18.6 to MCH/FP activities in the region, or 37.1 per cent of total allocations to sub-Saharan Africa.

3. In 1989, nearly half of UNFPA's assistance to MCH/FP activities in sub-Saharan Africa was used to develop training programmes. At the country level, as part of UNFPA support to national MCH/FP programmes, rural health workers, traditional birth attendants (TBAs) and nurse/midwives were trained in family planning techniques as well as in family planning communication and motivation. Also during the year, UNFPA sponsored a diagnosis of management information systems (MIS) relating to MCH/FP in 27 African countries as well as an analysis of systems of procurement and distribution of contraceptive supplies in 18 countries. These exercises detected, among other things, significant weaknesses in the attainment and application of data for management purposes in the former case and procedural shortcomings leading to chronic shortages of basic supplies in the latter. Plans for follow-up assistance to help remedy these shortcomings are being prepared.

4. The UNFPA two-year review and assessment of accumulated population experience (see paras. 173-175 of this report) found that the lack of a clear understanding of socio-cultural factors relating to pregnancy and childbirth negatively affects the development and organization of MCH/FP services. UNFPA has thus encouraged the undertaking of studies on family systems and traditional beliefs in different cultural and socio-economic settings in the region (see the special section on socio-cultural research in part III of this report). Moreover, through sub-contractual arrangements with research institutions and individuals, staff of UNFPA-funded formal and non-formal education programmes are collecting, analyzing and making use of information and data regarding the cultural, ethnic, religious and other characteristics of programme target populations.

5. The Fund is also making special efforts to ensure that all relevant socio-cultural research is being built into the programme process when formulating new and expanded MCH/FP projects. For example, in Madagascar and Zambia, UNFPA is, with technical assistance from the UNFPA-funded interregional World Health Organization (WHO) Family Health Team based in Geneva, financing diagnoses of existing MCH and family planning communication and service activities, in order to help the Governments of these two countries design a comprehensive strategy for a national MCH/FP programme. In the United Republic of Tanzania, UNFPA has helped develop a national MCH/FP strategy, based on the results of various evaluation and research findings, and with the participation of MCH/FP staff from all management and service levels. Furthermore, UNFPA-supported WHO/African Regional Office (AFRO) regional advisers specializing in MCH/FP have used the rapid evaluation methodology to review and improve the implementation of the ongoing MCH/FP programmes in Botswana and Malawi. In Senegal, UNFPA, in collaboration with the United States Agency for International Development (USAID) and the World Bank, assisted the Government in elaborating a national MCH/FP strategy and developing a national programme to support this strategy. Technical assistance was provided through the Université Libre de Bruxelles, Belgium, and various external consultants.

6. There is now at least one MCH/FP project in each of the 42 countries of the region, and in some countries, such as Ethiopia, Kenya, and the United Republic of Tanzania, there are several projects targeted at special groups (rural dwellers, urban poor, women, youth) or tailored for special settings (United Republic of Tanzania mainland, Muslim Zanzibar, rural or urban hospitals, clinic-based or community-based services). UNFPA/AFRO regional MCH/FP teams in Harare, Zimbabwe, and in Bamako, Mali, each consisting of three advisers, continue to backstop projects in 17 countries. However, with national management capabilities improving, coupled with the support of a larger UNFPA field presence, an increasing number of projects are now being directly implemented by the Governments themselves.

7. Nevertheless, many Governments still need technical backstopping in terms of technical assistance and project reviews and evaluations. Such backstopping is, in some instances, being provided through UNFPA sub-contractual arrangements with institutions such as the Royal Tropical Institute, the Netherlands (for projects in four countries); the Université Libre de Bruxelles, Belgium (for projects in five countries); the Margaret Sanger Center (for projects in two countries), as well as with The Population Council for the introduction of the NORPLANT sub-dermal contraceptive implant into the MCH/FP project in Rwanda. Moreover, the International Planned Parenthood Federation (IPPF) is participating in the execution of projects in Lesotho, Zaire, and Swaziland. The Centre for Population and Development Studies and Research of the Sahel Institute has assisted in project evaluations and formulation in Cape Verde, Guinea-Bissau, and Mauritania and has participated in MIS and logistic system diagnostic exercises in the Gambia and Mauritania. UNFPA has also entered into agreements with international non-governmental organizations (NGOs) (e.g., IPPF, Margaret Sanger Center) and academic institutions (Johns Hopkins University) for technical support to projects in Ethiopia, Malawi and the United Republic of Tanzania.

8. During 1989, UNFPA continued to assist Governments in the region in the development and implementation of population and family life information, education and communication (IEC) programmes. UNFPA allocated approximately $11.2 to the IEC sector, or 22.4 per cent of total allocations to the region. Among the activities supported by UNFPA during the year were the organization of population seminars and workshops for policy-makers and opinion leaders in Ethiopia, Kenya, Malawi, Mali, Senegal and the United Republic of Tanzania, as well as the introduction of family life education into: (a) non-formal training programmes for youth and adolescents in Botswana, Cape Verde, Malawi and the Seychelles; (b)

parents education programmes in Malawi, Mali, and the United Republic of Tanzania; and (c) the training programmes of labour organizations and trade unions in Kenya, Mozambique, Uganda and Zambia. UNFPA is also helping to develop, in collaboration with ministries of information and national and international mass media organizations, population IEC programmes for the public at large in Burundi, Cameroon, Ethiopia, Kenya, Madagascar, Mauritania, Mozambique, Senegal, Uganda and the United Republic of Tanzania. Moreover, in view of the fact that adult literacy and agricultural extension programmes have proven effective in reaching adult men and women with population and family life messages, the Fund is supporting an increasing number of projects in this area, including those in Ethiopia, Kenya, Lesotho, Mozambique, Rwanda and Uganda.

9. In the formal education sector, UNFPA is supporting more than 30 projects aimed at introducing population and family life education into the curricula of primary and secondary schools. The projects cover all phases of the integration process, ranging from the preparatory stage of research and testing of educational material (Burundi, Guinea-Bissau, Mali, Mauritania and Uganda), through the introduction of population curricula into selected levels in pilot schools (Kenya, Mauritius and Mozambique), to the full integration of population education into the entire school curricula (Burkina Faso) and into teachers' training colleges and refresher courses (Benin, Sierra Leone). Formal training in population education is also being introduced into agricultural colleges in Ethiopia and Malawi and into the Institute for Development Management in the United Republic of Tanzania.

10. While almost all Governments in the region recognize the importance of integrating population factors into the development process, their commitment to the formulation and implementation of sustainable population policies and programmes needs to be strengthened. During 1989, UNFPA continued to support projects to create awareness and understanding among policy-makers and the public at large about the effects of rapid population growth on economic development. The Fund also supported the development of national skills in demography and the promotion of understanding of the complex interrelationship between population and development in all countries of the region. Moreover, UNFPA provided assistance for the collection and analysis of population data and for the integration of population factors into development plans. The Fund also provided or arranged technical and financial assistance to many countries for the establishment of various types of population planning bodies, including units, councils and commissions.

11. Training in demography at the undergraduate and masters levels has been introduced in many universities and centres throughout the region, with the support of UNFPA. UNFPA also provided assistance to many countries to conduct awareness-creation seminars and workshops for government officials as well as for religious, opinion and community leaders, among others. Such seminars and workshops, which are generally run by training staff together with staff of planning ministries, were offered in Ethiopia, Kenya, Malawi, Rwanda, and Uganda.

12. In 1989, a national population and housing census was conducted in Kenya, and preparatory work was started or continued for the 1990 round of censuses in Benin, Burundi, Cape Verde, Comoros, Guinea-Bissau, Mauritania, Mozambique, Uganda, and Zambia. UNFPA's support to census operations was supplemented by multi-bilateral financial arrangements or co-financed with other donor agencies, such as the World Bank and the United Nations Development Programme (UNDP).

13. Regional programme. The regional MCH/FP training course at the Regional Training Centre in Family Health for Africa in Mauritius offered four courses on fertility management to approximately 90

participants from English- and French-speaking African countries. Also during 1989, two training courses on clinical fertility techniques were conducted at the Université Libre de Bruxelles, with the participation of 27 trainees from French-speaking countries. During the year, UNFPA concluded agreements with the University of Laval and the University of Montreal, both in Canada, to train health and social development personnel in the management of MCH/FP programmes and in the design and implementation of support communications activities. UNFPA expects to provide 45 such fellowships through this arrangement each year. In order to cater to the needs for training in fertility management of lusophone African countries, a training course for trainers in that field has been established in collaboration with the Portuguese Ministry of Health. An assessment of training needs in the field of MCH/FP was initiated in 1988 with the assistance of the Margaret Sanger Center. The report, which is based on information from ministries of health, is now finalized and will soon be available for general distribution.

14. UNFPA, together with the World Bank, WHO and IPPF, initiated a project in 1989 aimed at assisting African Governments in formulating health and population policies and translating them into effective programmes of action. The primary purpose of the project is to help identify socio-cultural and political constraints that impede the timely and effective implementation of population activities, including family planning programmes. The project will cover some 20 countries. In-depth studies will be undertaken in eight countries (Cameroon, Kenya, Nigeria, Rwanda, Senegal, Zaire, Zambia and Zimbabwe). The findings and recommendations of these studies will be translated into an agenda for action for the 1990s. Project activities during 1989 included the establishment of a high-level advisory committee of population experts and policy-makers, the identification of research institutions and individuals who will serve as members of task force advisory groups for the in-depth country studies, and the elaboration of terms of reference and methodologies for these studies. Pilot country activities are scheduled to start in Ghana, Kenya and Nigeria in early 1990. It is expected that the intercountry sharing of experiences on population programming, especially among high-level policy-makers, will help increase the political commitment to such programmes and thereby greatly improve the prospects for their successful implementation in the future.

15. UNFPA-funded FAO, ILO and UNESCO regional advisers in population IEC continued to develop and provide technical backstopping to country projects in the region. In view of the increased number of projects, the two interagency advisory teams in the region were strengthened with the posting of two junior experts in population education. UNFPA is presently funding five IEC regional advisers and two junior experts in Dakar, Senegal, and three regional advisers in Nairobi, Kenya.

16. In order to strengthen the sharing of information and IEC research methodologies and training materials in the two sub-regions served by the Nairobi and Dakar IEC teams, UNFPA is planning to establish a sub-regional population IEC documentation centre for Western and Central Africa as well as one for Eastern and Southern Africa. During 1989, through a multi-bilateral arrangement with Canada, UNFPA started work on compiling an inventory of human and institutional resources, research studies, and IEC training materials in 12 countries in Eastern and Southern Africa (Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mauritania, Somalia, Swaziland, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe). This activity is expected to provide a good basis for improving future IEC activities in the sub-region.

17. Census activities continued to receive substantial support through, among others, the African Census Training Project funded through a multi-bilateral arrangement with Canada and executed by the Economic Commission for Africa (ECA) and the United Nations. The project used the expertise of the UNFPA-funded eight-member team of experts in demographic statistics located at ECA. In 1989, the team was

strengthened through the posting of two additional advisers -- one a specialist on sampling, the other an expert on data processing.

18. UNFPA continued its support to the demographic training programmes at the Regional Institute for Population Studies (RIPS) in Ghana and the Institut de formation et de recherche demographique (IFORD) in Cameroon. Support was also continued to the Department d'Etudes de la Population at the Union Douaniere et Economique de l'Afrique Centrale (UAEAC/DEP), to the Centre d'Etudes et de Recherches sur la Population pour le Developpement (CERPOD), and to the three-member regional advisory team in demographic analysis located at ECA. UNFPA also continued to fund two ILO regional advisers in population and human resource development to backstop population planning projects. During 1989, an additional post of associate expert was added to strengthen the team.

B. Arab States and Europe

Arab States

19. The fruits of past efforts in the region are reflected in the increasingly high priority given to population activities by the Governments of the region, the substantial increase in the proportion of national budgets specifically earmarked for population activities, and, to a large extent, the successful implementation of UNFPA-supported country programmes in Arab States. The extent to which population has evolved into a critical issue in the region in recent years is perhaps no where more evident than in the prominence given to two important conferences that were held in 1989; namely, the Second Arab Parliamentary Conference on Population and Development held in Damascus, the Syrian Arab Republic, in September, and a ministerial conference held in Amman, Jordan, in October.

20. The Second Arab Parliamentary Conference on Population and Development was organized in co-operation with the Arab Parliamentary Union and the Global Committee of Parliamentarians on Population and Development, with joint financing from UNDP and UNFPA. Parliamentarians from 15 countries in the region participated, together with representatives of United Nations organizations concerned with population, the Asian Forum of Parliamentarians on Population and Development, the African Parliamentary Council, the Arab League and its specialized agencies, Al-Azhar University, the Arab Assembly on Women's Role in Development, the Arab Development Fund, and other leading NGOs in the region, as well as representatives from major donor countries such as the Netherlands and the Federal Republic of Germany. At the conclusion of the Conference, the participants adopted the "Damascus Declaration on Population and Development", which highlighted the importance of population issues in development planning and gave particular emphasis to the importance of family planning as a basic human right of couples. The Declaration underlined the positive impact of family planning on the health of mothers and children, and called on the Arab countries of the region to guarantee this right to couples as stipulated in the "Amman Declaration of Population of 1984". The Conference also addressed the problems of food security, unemployment and the environment.

21. The recommendations of the Second Arab Parliamentary Conference on Population and Development were presented to a subsequent ministerial conference entitled "Safeguarding the Future: Population, Women and the Environment" held in Amman, Jordan, from 2 to 4 October under the patronage of His Majesty King Hussein Bin Talal and Her Majesty Queen Noor. This presentation of the recommendations of the parliamentarians to government ministers was particularly significant since it was, in effect, an exchange between the legislative and executive arms of the Governments in the region.

22. Of the 18 countries participating in the Amman Conference, 14 were represented at the ministerial level. The porfolios of participants varied among countries, including those of health, social affairs, labour, planning, and education. The Conference was opened by His Majesty King Hussein, with H.M. Queen Noor chairing the first and last sessions. Three papers -- on population and development, the role of women in development, and the environment and development -- were presented and discussed. The concluding recommendations resulted in commitments at the highest level of government to the following actions: to develop in each country a clearly-defined national population policy; to make family planning services available, including provision of education and information, to enable couples to plan their families freely and responsibly; to study and help regulate intra-regional migration, specifically that of skilled labour; and to enhance the education and employment opportunities of women so as to enable them to participate fully in the development process. The Conference stressed the importance of safeguarding the environment, in particular the need to strike a balance between the current use of natural resources and future resource requirements and to develop a strategy for addressing the problems of drought and desertification and their impact on agricultural productivity and food security.

23. Nineteen-eighty-nine also saw an increase in activities concerning the interrelationship of Islam and various aspects of population. For example, the UNFPA-supported International Islamic Centre for Population Research and Studies at Al-Azhar University arranged seminars in Fez, Morocco, and in Sana'a, Yemen, where eminent theologians from Al-Azhar University debated the precepts of Islam on the quality of life of Moslem populations and explained to the participants the position of Islam towards family planning. Also, during 1989, preparations were concluded for the convening of an International Congress on Islam and Population Policy, to be hosted in Indonesia under the patronage of His Excellency President Soeharto.

24. These various activities help demonstrate the extent of UNFPA's contribution in assisting Governments in the region to gain an understanding of population issues and their interlinkage with development planning. In addition, UNFPA again provided support to the Population Research Unit of the Arab League. The unit prepares briefs and provides policy options for the councils of various sectoral ministries concerning population and how it relates to and affects the activities of their respective sectors. Moreover, in 1989, UNFPA was accorded observer status at the Arab League Economic and Social Council and its Council of Health Ministers.

25. Allocations to programmes and projects in the region during 1989 totalled $23.4 million, an increase of 11.5 per cent over allocations in 1988, with MCH/FP continuing to be the priority area with 36.6 per cent of the allocations, followed by population information, education and communication at 20 per cent, population dynamics at 19 per cent (including formulation of population policies and their implementation), data collection at 8 per cent, as well as 8 per cent for special programmes, including those designed to improve the status of women and to help create income-generating activities for them. Below are some of the highlights of UNFPA's country programmes and projects in the region.

26. Most of the projects planned for the 1989-1993 cycle of UNFPA assistance in Algeria were initiated during the year. Preparatory work for formulation of a comprehensive MCH/FP project was approved, with plans for a workshop on the topic to be held in early 1990. UNFPA provided support to Algeria's National Statistical Office for the upgrading of equipment and improvement of the staff's technical skills in data collection and analysis. UNFPA also assisted a research project on women and fertility executed by a team of female researchers from the Centre for Research in Studies on Demography.

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27. In Democratic Yemen, MCH/FP strategies were reoriented during 1989 in order to broaden the scope of safe motherhood initiatives. Several training programmes in MCH/FP were organized, including one for 100 TBAs who were trained in safe delivery techniques and promotion of family planning as an important health issue. In-service training for community midwives, health guides and MCH/FP staff continued, as did training for health workers on health education. A national training programme for physicians on maternal mortality, family planning, management of infertility, and the development of a referral system was also held.

28. In Egypt, the Government's strong support of family planning and population activities received added impetus in 1989 when the Mufti of Egypt made a pronouncement in essence sanctioning contraceptive use in Islam on the grounds of health and economic well-being. For its part, UNFPA continued the timely supply of contraceptives to meet the demand of family planning acceptors. The final results of Egypt's 1986 census were published in 1989 by the Central Agency for Public Mobilization and Statistics (CAPMAS).

29. In Jordan, as part of a UNFPA-supported project, the General Secretariat for the National Population Commission established three committees (technical, planning and development) during 1989. Moreover, in an effort to identify gaps in population research and to recommend policy areas requiring analysis for Jordan's future national population policy, an inventory of 180 articles and research papers on population and development was compiled. Training programmes for medical doctors, social workers, nutritionists, midwives, and traditional birth attendants were conducted in November/December 1989 at the district level.

30. An October 1989 evaluation mission concluded that Morocco's strengthened civil registration and data processing systems could serve as models for those of other countries in the region. UNFPA assistance contributed to the production of the first statistical document on the role of women in Morocco, published by the Centre for Demographic Research and Studies (CERED). One of the first UNFPA-funded projects on the interrelationship between population and environment was initiated in Morocco during 1989 with the recruitment of an international expert.

31. Economic uncertainty and security concerns in Somalia during 1989 delayed the implementation of many UNFPA projects. Despite these unfavourable conditions, however, efforts to integrate MCH/FP services into the primary health care programme continued. Moreover, several training programmes and workshops in MCH/FP were conducted, and a manual on MCH training developed. In July, a national seminar on women in development (WID) was organized, and during the year the Ministry of National Planning established a WID Unit. The population IEC project included a workshop on awareness creation and a seminar on interpersonal population communication techniques for 50 community representatives.

32. Political and economic instability in Sudan slowed the implementation of UNFPA activities there in 1989. Nevertheless, reporting on the 1983 census was completed and the country moved forward in the formulation of a national population programme. The Omduran MCH/FP Training Centre continued to hold MCH/FP training activities in the area of population and health, and the physical facilities at the Burakat Training Centre in Gezira were completed, enabling it to begin training TBAs and village midwives. Population IEC activities in Sudan began including information on the prevention of AIDS.

33. UNFPA completed its third cycle of assistance to the Syrian Arab Republic in 1989, and conducted a Programme Review and Strategy Development Mission in that country in September. The mission noted

that, during the third cycle, UNFPA support to MCH/FP programmes had been expanded in both rural and urban areas and that over 100 new staff members had been added to the Government's MCH/FP team. New acceptors of family planning services in 1989 reached 82,027, an increase of almost 20,000 over the 1988 levels. The Central Bureau of Statistics began preparation for the 1991 census by issuing population projections by province and determining administrative divisions.

34. In Tunisia, UNFPA continued its support of the Ministry of Planning and Finance in its work to develop research and multi-disciplinary studies on population and development, thus contributing to the integration of population factors into planning for social and economic development. UNFPA assistance to the National Institute of Statistics was aimed at developing a civil registration system and improving statistical analysis. A project to improve health in rural areas began in 1989, as did a project to integrate population education into training programmes for young rural women.

35. Two new UNFPA-assisted projects, one in MCH/FP and the other in population IEC, were approved during 1989 for Turkey. The project to extend family planning education and services to workers in the organized sector, implemented by the Turkish Family Planning Association, was completed in 1989, with trainers in family planing reaching some 120,000 workers at 117 factories. The State Planning Organization for the first time offered plans for a research project aimed at developing structures for a national population policy, to be incorporated into the country's annual and five-year development plans.

36. An MCH/FP project in Yemen continued to address that country's very high rates of infant mortality, maternal morbidity and fertility. Training of 260 predominately female rural paramedics at the Health Manpower Institute in Sana'a was a key activity during 1989, as the country strengthened its efforts to reach people living in the many underserved mountainous and rural areas. A seven-day national workshop in MCH/FP strategies, including safe motherhood and community participation, was held at the end of 1989 with UNFPA as a lead agency, drawing over 200 participants in the health and development fields. A national seminar on population and Islam, organized by UNFPA in collaboration with Al-Azhar University, issued a declaration that family planning is acceptable in Islam, and especially needed in Yemen.

37. Regional programme. Through the regional network of UNFPA-funded agency experts and non-governmental organizations, UNFPA carried out a number of regional training exercises and provided technical and managerial support to country projects in the region.

38. During 1989, the ILO prepared a study on "Population, Labour Mobility and Policy Alternatives in the Framework of Development Planning" and conducted two regional seminars, one on international and return migration and the other on demographic research and data utilization in development planning for countries in the Arab region. The ILO also collaborated with the Economic and Social Commission for Western Asia (ESCWA) in conducting a workshop on international migration, held in Amman, Jordan, in December 1989, for participants from the region.

39. ESCWA continued to support countries in the region through training workshops and technical assistance. For example, it organized an advanced training workshop on the organization and administration of population and housing censuses in Amman in June 1989. ESCWA's two UNFPA-supported regional advisers visited the United Nations Department of Technical Co-operation for Development (DTCD) to discuss ways to ensure close collaboration in their work.

40. The WHO's Eastern Mediterranean Regional Office (EMRO) in Alexandria, Egypt, developed and distributed a basic training manual in the Somali language for trainers of illiterate TBAs. EMRO also provided technical backstopping for MCH/FP projects in 10 countries, through such means as placing consultants, ordering supplies, processing fellowships, and monitoring the substantive inputs of regional projects. An evaluation of EMRO execution of UNFPA-supported regional and country projects, conducted by UNFPA, found that while it was mutually advantageous for UNFPA and EMRO to continue collaborative efforts to accomplish the MCH/FP objectives of both agencies, progress had been slow due to the persistence in many countries of traditional attitudes towards family planning as well as other constraints, including delays in the preparation of such important materials as fellowship application forms, lists of supplies, specifications for equipment and terms of reference for consultants (see document DP/1990/49).

41. UNFPA provided assistance to three participants each from Egypt, Somalia, and Sudan to attend the African Conference on the Integrated Project with Family Planning, Nutrition and Parasite Control held in Zambia in March 1989. UNFPA co-operation with The Centre for Development and Population Activities (CEDPA) continued in 1989, with the Fund providing five fellowships for participants from the region to attend workshops on women in management and on supervision and evaluation, both of which were held in Washington, D.C., the United States.

European region

42. UNFPA assistance to recipient countries of the European region rose slightly during 1989, from $1.3 million in 1988 to $1.6 million in 1989. As usual, many of the projects were TCDC in nature, providing training for students from developing countries. In addition, the projects tended to be quite small, being used primarily to help fill gaps in the population programme of the various countries that could not be covered through government efforts. On average, each country received about $200,000 in assistance.

43. At the regional level, UNFPA continued to support the population activities of the Economic Commission for Europe (ECE) through three projects initiated the previous year. The Fund also allocated additional funds to WHO/EURO (Europe Regional Office) to produce and distribute an eight-to-ten page quarterly in eight languages, which would provide family planning workers with new, practical information. Preparations began in 1989 for a regional conference on reducing the incidence of abortion through improved family planning services, planned for the end of 1990 in Tbilisi, Union of Soviet Socialist Republics (U.S.S.R.).

44. UNFPA assistance to the Government of Albania continued in 1989 for the expansion of the country's MCH/FP services and for the analysis of its 1989 census. A UNFPA Basic Needs Assessment Mission visited the country in December in order to help develop a strategy for future UNFPA assistance. In Bulgaria, a major UNFPA-funded project to integrate demographic, social and economic data into one computerized system continued. However, an international training workshop on that project's methodology was postponed due to local problems.

45. UNFPA support to Hungary continued for a training course on software packages held for participants from developing countries. During 1989, the format and content of an international post-graduate training course on family planning methods was changed from an introductory course on family planning to a series of courses presenting a specific topic for each course. In 1990, the courses, each to

be attended by about 15 physicians from developing countries, will cover adolescent reproductive health, family planning, laparsocopy, and female surgical contraception.

46. Twenty-five participants from developing countries took part in the second international workshop on population projections for socio-economic planning, held in Warsaw, Poland, in August/September 1989. In addition, three new projects were approved for Poland during the year: a survey on fertility and family planning, a study on the socio-demographic and health determinants of infant mortality, and a study on the psycho-demographic determinants of family dissolution and its consequences on population growth.

47. In Portugal, UNFPA-funded information and education activities carried out by the Portuguese Family Planning Association and the Commission on the Status of Women continued. During the year, the project integrating basic education in literacy, health and family planning for the country's Cape Verdean community ended. An evaluation will be conducted to determine whether or not the project should be continued. Support also ended for a training programme on family planning offered by the General Directorate of Primary Health Care. A new request for a programme concentrating on providing services to adolescents, high-parity women and migrants is under consideration for 1990-1993.

48. In 1989, UNFPA approved a new project to be carried out by the Centre for Social Work in Slovenia, Yugoslavia, to evaluate the effectiveness of marital and pre-marital counselling on fertility decisions. A survey on reproductive behaviour in urban settlements in Macedonia was conducted at the end of 1989 by the University of Skopje.

C. Asia and the Pacific

49. Nowhere is the challenge of population growth greater than in the Asia and Pacific region, where some 600 million people will be added to the region during the decade of the 1990s. It was within this context that UNFPA undertook or supported a number of reviews of its activities at both the national and regional level. This included, among others, a comprehensive review of population policies and programmes in the region, which was conducted as part of the Fund's two-year review and assessment of accumulated population experience (see paras. 173-175 in this report). Other reviews of note were a sub-regional study of population activities in Bangladesh, India, Nepal and Pakistan (see below) and a national conference in China to assess the experiences of the national family planning programme.

50. During the 1980s, several countries in the region made substantial gains in achieving the objectives of their population programmes. For example, many of the countries of East Asia have either completed the demographic transition (from high to low fertility and mortality rates) or are moving steadily towards it. In South-east Asia, Indonesia, Singapore and Thailand have made rapid progress in slowing down their population growth rates by decreasing fertility rates through direct government intervention. By contrast, some Asian countries, particularly those in South Asia, have not significantly reduced their population growth, total fertility or infant mortality rates, despite a long record of direct intervention. The countries of the Pacific sub-region all have growth rates below 3 per cent, with the exception of the Solomon Islands, whose rate of growth is 3.3 per cent. All but three of the other countries have rates below 2 per cent a year.

51. The South Asian sub-region, which accounts for over one third of the population of the Asia and Pacific region, has a relatively high population growth rate of 2.3 per cent. In an effort to identify the

major weaknesses and constraints in the population programmes of the countries in this sub-region, UNFPA organized a study in four countries: Bangladesh, India, Nepal and Pakistan. The study found, among other things, that: (a) management of MCH/FP programmes needed to be strengthened in all aspects, including financial and human resources, planning and logistics; (b) efforts to integrate family planning and MCH services were constrained by numerous complex administrative, managerial and technical problems in each country; (c) weaknesses in the delivery of MCH/FP services hindered efforts to increase contraceptive use; and (d) the cultural and religious sensitivities of the people had not been adequately taken into account in the design of communications programmes.

52. The South Asian study also stressed that sustained improvement in the status of women required, first and foremost, improvement in their education. Moreover, the review made it clear that unless women's autonomy within the household and status within society were substantially enhanced, further decline in fertility rates likely would not occur. Other important findings included a preference for early marriage, except among more-educated urban dwellers, and a strong desire to have at least one son and one daughter. A regional meeting is planned for early to mid-1990 to discuss the study and to put forward recommendations based on its findings.

53. UNFPA allocations to country and regional programmes in the Asia and Pacific region in 1989 totalled over $70.3 million, or 36.2 per cent of UNFPA total allocations. This included allocations for the first year of two comprehensive five-year population programmes (China, and the Philippines) that had been approved by the Governing Council at its thirty-sixth session, held in June 1989. New country programmes for the Democratic People's Republic of Korea (DPRK), Indonesia, and the Islamic Republic of Iran are being submitted to the Governing Council at this session.

54. During 1989, UNFPA Basic Needs Assessment Missions were sent to the DPRK and the Islamic Republic of Iran. In addition, project formulation missions were sent to Afghanistan, Indonesia, the Maldives, Nepal, and the Philippines to assist in the development of project activities in various population sectors. An evaluation was conducted in Indonesia in November 1988 during the third year of its third country programme (1986-1990) in order to assess the strengths and weaknesses of the current programme and to use this information in the formulation of UNFPA's fourth country programme (1991-1994) there.

55. Maternal and child health and family planning. In 1989, the MCH/FP sector continued to receive the largest amount of support in country programmes, accounting for some 58 per cent of UNFPA resources for the region. The Fund again placed special emphasis on improving and expanding MCH/FP services, particularly to rural or remote areas; establishing facilities to produce contraceptives locally; and expanding the supply and distribution of contraceptives. UNFPA also heightened its efforts to encourage the use of temporary methods of contraception and the delivery of MCH/FP services within the context of established concepts of child survival and safe motherhood.

56. During the year, UNFPA assisted all countries in the region in their efforts to strengthen and expand MCH/FP services. In Bangladesh, the integrated MCH/FP programme remained the most important UNFPA activity in the country, alone accounting for $4.5 million in UNFPA regular resources supplemented by $1.9 million in multi-bilateral resources in 1989. Recently released figures from the Bangladesh Fertility Survey and the country's Contraceptive Prevalence Survey indicated that one out of three married couples of reproductive age was using some form of family planning method, nearly 80 per cent of whom were using modern methods. Considerable progress was also made in China in the MCH/FP sector during 1989. The results of numerous research projects, particularly clinical and epidemiological studies on various methods

of contraception currently being used, were analyzed in order to make recommendations and revise guidelines for the national family planning programme. In addition to training staff and upgrading their skills and knowledge in MCH/FP service delivery, the UNFPA programme gave special attention to early identification of pregnant women at high risk. While perinatal mortality in provincial hospitals continued to decrease, albeit only slightly, perinatal care coverage at the county and district levels increased in 1989 by approximately 50 per cent.

57. In India, where UNFPA has its largest population programme, an area development project aimed at improving the health and family welfare infrastructure and reducing maternal and child mortality and morbidity began in the State of Rajasthan. Similar projects are being considered for the States of Himachal Pradesh and Maharashtra. A project to monitor medical aspects of the sterilization programme was initiated in four districts in the States of Rajasthan and Tamil Nadu. Another project started in the State of Maharashtra aimed at increasing the contraceptive prevalence among couples in areas with low acceptance rates, in particular through the use of child-spacing methods. A test centre for IUDs and tubal ligation rings has been functioning at the Biomedical Engineering Department of the Indian Institute of Technology, New Delhi, since the beginning of 1989. The centre will also provide technical assistance to contraceptive production facilities to ensure good manufacturing practices in the production of IUDs and tubal ligation rings.

58. In Indonesia, UNFPA continued to support efforts to improve the quality of services related to the NORPLANT sub-dermal contraceptive implant, providing necessary supplies and training 344 medical teams and 1,030 field-workers in 16 selected provinces during 1989. In the Maldives, a new family health and child-spacing project was initiated during 1989. The project aimed at creating the infrastructure necessary to provide island-based counselling in family planning, as well as family welfare and child-spacing services. In Pakistan, UNFPA continued its assistance to 95 Family Welfare Centres and 52 Family Health Centres, which provide family planning and MCH services in urban and rural areas. In addition, UNFPA assisted more than 100 Reproductive Health Centres in providing voluntary surgical contraception as well as other clinical contraceptive services. In early 1989, UNFPA initiated assistance to Afghan refugees in Pakistan, among other things, setting up an integrated MCH/FP child-spacing project to train 20 female paramedics as master trainers. In the Philippines, 55 health personnel from various regions were trained during 1989 in the insertion of CU 380A IUDs. Moreover, the Fund approved a new project to provide continuity in the delivery of comprehensive MCH/FP services. UNFPA also continued to provide assistance to family planning clinics operated by NGOs.

59. During the year, UNFPA increased its support for the local production of contraceptives. This enabled most of the factories in China that had received support from UNFPA through its second country programme to complete construction work and trial-test production facilities. In 1989, UNFPA approved a project to set up an IUD Manufacturing Unit in Trivandrum (India), the aim being to ensure self-sufficiency for India in the supply of IUDs within the next three years. Furthermore, the condom factory supported by UNFPA is now operational in Viet Nam. Nonetheless, UNFPA continued to supply a wide range of contraceptives to many countries throughout the region, including Bangladesh, India, the DPRK, the Islamic Republic of Iran, Mongolia, Nepal, Pakistan, and Sri Lanka. Also, UNFPA and the World Bank are reviewing the future needs of contraceptives in Asia and plan to co-sponsor a conference during 1990 on attaining self-reliance in contraceptive production in Asian countries.

60. Basic data collection and analysis. In the area of basic data collection and analysis, the April 1989 census in Viet Nam was a notable success, both in terms of the uniformly high standard of the enumeration

throughout the country and in terms of the high quality of data collected. Preliminary results of the census were published in June 1989. Tuvalu and Vanuatu also received UNFPA assistance for the conduct of their 1989 censuses. Preparatory activities were under way in 1989 in China, the DPRK, Nepal, Pakistan, Papua New Guinea, and the Philippines for censuses scheduled for 1990 and 1991. The Fund also continued to support the training of nationals in data processing and analysis and in the use of microcomputers. The UNFPA-supported demographic training project at Kabul University in Afghanistan progressed smoothly during 1989. Overall UNFPA assistance to data collection activities in the Asia and the Pacific region amounted to $7.9 million, or 11.2 per cent of 1989 country programme allocations.

61. Information, education and communication. In 1989, UNFPA supported 61 IEC projects in the region, with a total allocation of $9.5 million. One major initiative was the provision of kits for over 700,000 instructors of adult education classes in India as part of the effort to integrate population education into the country's adult literacy programme. In Indonesia, training in population education was provided for about 450 population instructors and family planning motivators, counsellors, and advisers in industrialized sectors throughout the country. The curriculum included topics on government policy towards family planning and population; the benefits of family planning for employees and workers; family planning as a component of health care; introduction to contraceptive materials; introduction to basic communication and motivation techniques; and familiarization with education and training materials.

62. In Malaysia, as a means of providing information and education on family planning, particularly for those in lower socio-economic groups, the Federation of Family Planning Associations organized 18 information campaigns in eight states, 15 exhibitions in six states, 190 talks on family planning for 4,652 participants, and 150 informal sessions in the homes of 2,196 participants. In Pakistan, the Ministry of Education took steps to introduce population and environment as a separate, mandatory subject in secondary schools. A population education project was also carried out to promote the concept of a small family norm among males in major industrial areas of the country. UNFPA also sponsored and helped organize exhibitions, children's painting contests and other population IEC activities in Bangladesh, China, India, the Philippines, and Viet Nam.

63. Women, population and development. It is widely recognized now that one of the most important factors that has led to a decrease in fertility rates in countries such as China and Sri Lanka and in the State of Kerala in India is the relatively high social status of women in these areas. Through its programming activities in 1989, UNFPA continued to place increasing emphasis on women in the development process. This included, among other things, specially designing training programmes to encourage women's participation in project activities and, in many projects, assigning women important roles in project implementation. A colloquium, "Women and Development - Implications for planning and population dynamics", was conducted in 1989 in Malaysia, and three important workshops were held in Bangladesh to identify, assess and formulate an overall strategy for UNFPA involvement in issues concerning women in development. In Indonesia, training was provided for girls who had dropped out of school, in order to enhance their understanding of the concept and practice of the small family norm. In Pakistan, UNFPA assisted the Aurat Foundation in setting up a Documentation and Resource Centre for women, UNFPA's first endeavour specifically designed to promote and encourage a better environment for the greater participation of women in the development efforts in that country. UNFPA-supported income-generating activities for rural women achieved great success in Thailand and Indonesia during 1989. UNFPA launched two similar projects in China in 1989 and is planning to launch activities of this type in the DPRK and the Islamic Republic of Iran in future. Moreover, women played an important role in population programmes in the Cook Islands, Niue, Papua New Guinea, Samoa and the Tokelau Islands in the Pacific sub-region.

64. Multi-sectoral programmes. In 1989, UNFPA was involved in other important population-related issues, such as AIDS, the aging, migration, urbanization, and the relationship between population, resources, environment and sustainable development. A proposal from Thailand concerning awareness creation and education on the issue of AIDS is currently under review at the Fund. Results of UNFPA-supported research on aging in China were presented to two international conferences and symposia on that subject. The project, Research for Aging, is part of the country programme approved by the Governing Council at its thirty-sixth session. UNFPA's co-operation was sought in the Maldives for possible environmental projects in the future. In the Philippines, preparations were completed for a national symposium on population and environment that was held in January 1990.

65. Programme co-ordination and management. UNFPA continued its efforts to ensure effective co-operation with United Nations agencies and donors, both at the headquarters level and in the field. For example, UNFPA, together with UNICEF and UNDP, supported the Philippine Legislators' Committee on Population and Development. Arrangements are also being made by UNFPA to procure large quantities of contraceptives on behalf of the World Bank for use in Bangladesh. As a part of the collaborative efforts of the Joint Consultative Group on Policy (JCGP) (see the section on co-ordination in part II of the report), UNFPA and the World Bank, as well as other donors, continued to explore the possibility of joint programming in the future. Such efforts have been successful among United Nations agencies and donors in Bangladesh, China, Nepal, the Philippines, and Viet Nam, among other countries in the region.

66. In many countries, UNFPA programmes encountered problems related to management, the key ingredient in the effective utilization of natural, financial and human resources. The Fund, therefore, continued to undertake special efforts during the year to improve programme and project management, including providing training on managerial skills to personnel involved in implementation of MCH/FP projects in Indonesia, Nepal and Pakistan. In the implementation of natural family planning efforts in Bangladesh, UNFPA sought to overcome management constraints by contributing to a project through which the country's Management and Development Unit deployed a team of expatriate and local management experts to selected districts within the four divisions of the country to identify management shortcomings and recommend possible remedies.

67. The year under review saw an increase in the number of NGOs participating in the implementation of UNFPA projects in the region. For example, in the South Pacific, in addition to the ongoing work of the South Pacific Commission, a new project was successfully executed in Fiji by the women's organization Soqosoqo Vakamarama. Moreover, UNFPA intensified its collaboration with the Young Women's Christian Association (YMCA) in Sri Lanka, providing fellowships for action-oriented training, supporting the production of IEC materials and sponsoring seminars on reproductive health education. In Pakistan, UNFPA provided assistance to 52 Family Health Centres set up by five NGOs to complement the efforts of the Government to increase the number of MCH/FP service delivery outlets in urban and semi-urban areas.

68. Regional programme. The regional programme in the Asia and Pacific region in 1989 focused mainly on providing technical advisory and backstopping services, organizing meetings and workshops, and conducting training and research. Funds were approved for the preparatory phase of a project to improve the living conditions of women and their families in the fishing communities in the Bay of Bengal area. This project, which marked the first collaborative effort between UNFPA and the Department of Fisheries

of FAO, adopted an integrated approach, incorporating income-generation, population, MCH/FP, nutrition, and education elements. The main phase of the project is expected to be initiated in mid-1990.

69. UNFPA provided support to the Indian Association for the Study of Population for a regional conference on population held in Delhi, prior to the General Conference of the International Union for the Scientific Study of Population (IUSSP). Some of the issues addressed at the conference were population and employment; strengthening of demographic databases; mortality and child survival; and the role of women.

70. Reviews of several regional projects were conducted in 1989. For example, in March, the Fund reviewed UNFPA-supported activities implemented by the Asia-Pacific Institute for Broadcasting Development in collaboration with UNESCO. The UNFPA review specifically examined the training courses and explored the possibility of decentralizing some of the training to other institutions in the region. The Fund also conducted a review of the fellowship programme at the International Institute for Population Sciences (IIPS) in Bombay, India, which receives UNFPA support. The review concluded that the Institute should be encouraged to administer the fellowship programme directly, without the involvement of an executing agency. In conjunction with the IIPS review, UNFPA commissioned an assessment of the demand for demographic training in the Asia and Pacific region. The study, conducted by the International Population Dynamics Programme of the Australian National University, covered 10 countries and focused on the need for short-term training programmes. In addition to assessing the demand for different types of demographic training, the study also examined the capacity of institutions in the region to meet this demand. The objectives and findings of research funded by UNFPA through regional projects were summarized in the report which served as an input to the work of the UNFPA Task Force on Research.

D. Latin America and the Caribbean

71. In retrospect, 1989 was a pivotal year for UNFPA's programme in the Latin America and Caribbean region. The Fund's review and assessment of accumulated population experience in the region, undertaken as part of UNFPA's larger review and assessment (see paras. 173-175 in this report), identified the main achievements and analyzed the major constraints of population programmes of Latin American and Caribbean countries. The findings and recommendations of the review will serve as the basis for future UNFPA programming in the region.

72. One of the major findings of the regional review and assessment, especially in terms of future programming, is that population programmes have not yet been institutionalized in many countries of the region. As a result, the continuation and survival of population activities in the region are still largely dependent upon external assistance and co-operation. Certainly, the disastrous debt crisis of the 1980s exacerbated the recession that many developing countries had experienced in the early part of the decade. Equally important, however, the debt crisis brought about a recession in many countries that had enjoyed considerable economic growth and had benefited from steady advances in the social sector. The resultant retrenchment in social and economic programmes in these countries intensified their dependence on external assistance and co-operation.

73. Nevertheless, the economic crisis is not the only factor that has affected the process of institutionalization of population programmes and projects in the region. Indeed, another issue of great concern to UNFPA is the need to generate greater commitment to population programmes among the

Governments of Latin American and Caribbean countries. With this in mind, UNFPA, working closely with relevant government and non-governmental agencies, put forth proposals designed to increase awareness of population issues among policy-makers and supported activities to make data available on the relationships between population and development as well as on emerging issues such as the link between population factors and women's health and between population and the environment. Such activities have included, among others, the holding of seminars on awareness creation, the offering of specialized courses in population and development, and the establishment of training programmes on population communication.

74. Another significant development in 1989 that enhanced the Fund's ability to program effectively was the inauguration of UNFPA-sponsored Programme Review and Strategy Development (PRSD) exercises. Three such exercises were carried out in the region during the year -- in Ecuador, Haiti, and Mexico -- with each contributing substantially to the formulation of the new country programme being submitted to the Council this year.

75. UNFPA programming in the region in 1989 continued to emphasize the importance of women in population and development activities. Indeed, in accordance with UNFPA guidelines, each of the country programmes being presented to the Council at this session takes women's concerns into account in all activities supported by UNFPA. Moreover, most of the programmes contain activities specifically designed to address critical issues affecting women. It is important to note in this context that women's concerns have become predominant in the area of MCH/FP. This represents something of a shift in approach from previous years, when most activities focused on child health care. Thus, UNFPA-supported MCH/FP activities in the region now place considerably more emphasis on women's health care than in the past, including their reproductive health.

76. Projects seeking to expand the coverage and improve the quality of MCH/FP services again received the largest share of UNFPA resources in the region, 59 per cent, in 1989. UNFPA-supported MCH/FP activities were carried out in 35 countries and included the provision of contraceptives and medicines, as well as the training of medical and paramedical personnel, community workers, and traditional birth attendants. It is worth noting that in 1989 for the first time Bolivia recognized family planning as an essential component of maternal and child health. Moreover, 15 countries started research and service delivery projects specifically addressed to adolescents. Research projects were undertaken in Argentina, Chile, Colombia, Costa Rica, Cuba, Mexico, and Uruguay. Colombia also initiated a project in 10 of its major cities on reproductive health for youth, and Panama prepared a programme to tackle the problems of pregnancy, drugs and violence among adolescents.

77. Mexico, a pioneer in this field, continued to develop conceptual and methodological frameworks for dealing with the country's expanding needs for adolescent health services. Mexico also served as host to the International Conference on Adolescent Fertility, which was organized by The Population Council and The Pathfinder Fund and sponsored by UNFPA. The Conference brought together specialists and practitioners from all over the region who made important recommendations on ways to increase the participation of adolescents in MCH/FP activities and to enhance intersectoral co-ordination, particularly in the fields of education and labour.

78. Programmes dealing with adolescents were extremely successful in the English-speaking Caribbean countries, primarily because of these countries' long experience in this area and the programmes' attention to the special characteristics of the sub-region. One particularly effective feature of such programmes has been the use of adolescents and youth leaders to promote reproductive health among their peers. For

example, as part of the activities of a National Health Week in Anguilla, youths played an active role as resource persons on the theme of "AIDS Education for a Healthier Nation". Youths were also trained to serve as peer counsellors and resource persons on family life education and family planning in St. Lucia and St. Kitts and Nevis.

79. Despite considerable efforts to deal with the major issues concerning the health care of the population, 80 per cent of the public health services in the region, of which family planning is an integral component, do not meet the necessary requirements for effective operation. Public funds are often barely sufficient to maintain existing infrastructure, and the management of services and special programmes is often inadequate, as is the training of staff. In an attempt to address some of these shortcomings, the Pan American Health Organization (PAHO) and UNFPA have undertaken joint efforts to improve the management of MCH/FP programmes and to train staff. Moreover, UNFPA, in collaboration with the Latin America and Caribbean Demographic Centre (CELADE) and PAHO, is funding a comparative evaluation of health management information systems in Bolivia, Dominica, Ecuador, Grenada, Honduras, Nicaragua, Paraguay, and Peru. The results of the evaluation, which will be completed later this year, will be presented in the form of recommendations for improving existing systems or establishing new ones.

80. Training in the management of health care systems and the establishment of information networks and evaluation schemes have become increasingly more important in Latin America and the Caribbean as more and more countries in the region decentralize their health care. The trend towards decentralized health care will require good management at all levels of the system, which in turn will heighten the need for trained staff. Improving the supervisory and evaluation capacities of health care systems will of course have serious financial implications for the future. In this regard, UNFPA will encourage other countries to learn from the experiences of Colombia, Mexico, and Peru in this area.

81. Population communication activities in the region benefited from the expertise of the FAO Regional Adviser in this area. UNFPA supported training in population communication in Cuba, Nicaragua, and Peru. In another project, the Fund provided audio-visual equipment to the Dominican Republic, which contributed to the design of 254 radio and 50 television programmes on family planning, sexuality, family life, and the interrelationship between population and development.

82. UNFPA also supported literacy, adult education and agricultural extension programmes as vehicles for bringing population education to various groups in Colombia, El Salvador, Jamaica, Peru, and Venezuela. The introduction of population education in the curricula of primary and/or secondary schools was an on-going activity in Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Nicaragua, Panama, Paraguay, and Peru.

83. Preparations continued in the region during 1989 for the undertaking of the 1990 round of population censuses. UNFPA supported the training of nationals of Bolivia, Chile, Dominica, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, and Peru in data processing and analysis and in the use of microcomputers, through a UNFPA fellowship programme with the United States Bureau of the Census. The year also saw the National Statistics Institute of Argentina present the findings of a pioneering work on the redesign of the country's socio-demographic statistics system.

84. In the area of population and development, UNFPA continued to support a wide variety of activities, including the undertaking of research and dissemination of its results, as well as the organization and sponsorship of seminars and workshops. For example, as a result of a UNFPA-funded workshop on

population entitled "Dominican Republic 2000", the National Planning Office of the Dominican Republic set up an inter-institutional committee to formulate and implement a comprehensive population and development programme. Moreover, a national population seminar in Venezuela brought together all sectors of the Government that deal with population issues in order to assess the country's major population needs and to propose strategies to address them. A similar exercise was carried out by the National Development Council (CONADE) of Ecuador, which organized several seminars on population policy aimed at creating a national consensus on the importance of introducing population into the development planning process. The University of Cuenca contributed to this effort by organizing a population seminar at the Sixth Conference on the Social and Economic Situation in Ecuador.

85. A UNFPA-supported project at the Ministry of Planning of Honduras made significant progress in the training of government personnel as to the importance of incorporating socio-demographic criteria into development plans and projects. Also, the National University of Honduras attracted a wide audience for a series of seminars and lectures on population and development, with emphasis on the role of women in the development process. Efforts to create a better understanding of the interrelationship between population and development received considerable impetus at the First Central American Seminar on Population and Development, which was held in Nicaragua. The seminar was doubly important because the staffs of all of the population projects in the countries of the sub-region participated in the proceedings. One particularly notable result of the seminar was that the countries of Central America agreed to jointly prepare a regional project on population and development.

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86. Several other important activities took place in the region during 1989. For example, the National Population Council (CONAPO) of Mexico prepared the National Population Programme, which included plans and strategies to reinforce the country's State Population Councils and enhance the participation of women in development activities, among other things. Moreover, the Women's Institute of Uruguay established 27 information centres for women and is in the process of setting up a computerized network to centralize information on health, sexuality, legal rights, domestic violence, and other emerging issues concerning women and their role in society and in development.

87. Regional programme. UNFPA continued to support the regional activities of PAHO in the areas of women's health, family planning and adolescents. In 1989, this collaboration brought technical assistance to 35 countries in the region through 530 days of field visits. New UNFPA/PAHO projects were developed in Brazil, Chile, the Dominican Republic, and Guyana.

88. Through the UNFPA regional project, PAHO developed a methodology for management courses for health professionals. Work in this area intensified in 1989. Methods were discussed, case studies undertaken in Bolivia, Brazil, Honduras, and Mexico, curricula content designed, and two regional courses given in Medellín (Colombia) and Sao Paulo (Brazil).

89. The Japanese Organization for International Cooperation in Family Planning (JOICFP) organized a workshop on enhancing the role of women in community health. The workshop, which was sponsored by UNFPA in collaboration with the Mexican Family Planning Association (MEXFAM), was held in Mexico in May 1989 with the participation of women from governmental and non-governmental health organizations from several countries of the region. The workshop demonstrated several ways in which women were successfully participating in the promotion of community health. The workshop was followed some months later by another JOICFP-organized technical meeting for health personnel working in integrated projects on parasite control and family planning.

90. In the area of women's concerns, UNFPA continued its support to the Centre for Development and Population Activities (CEDPA) for its training programme in the development, management and evaluation of family planning programmes and projects. An innovative seminar on the topic of Strategic Planning and Financial Analysis was organized by CEDPA in Montevideo, Uruguay, in collaboration with the Women's Institute and the Institute of Colonization of Uruguay. It was attended by representatives from Bolivia, Ecuador, Mexico, Paraguay, Peru, and Uruguay.

91. Support to the regional project on population education executed by UNESCO contributed to the provision of technical backstopping to 13 country projects. This assistance included the design of curricula to incorporate population in the study programmes of basic education, as well as in the elaboration of didactic material to support the training of teachers. Other activities of the regional project included the preparation of a children's book on population education; the creation of a mobile exhibit to be shown at special events such as seminars for teachers and meetings of parents of school-aged children; and the distribution of a radio programme entitled "Population and the Quality of Life" to 40 radio stations in the region. An intensive course on education, population and development for 22 technical personnel from 10 countries was also held in the region. The project continued with the publication of "Enlace" and its distribution to 2,500 members.

92. UNFPA also supported activities in population communication in collaboration with FAO. The FAO Regional Adviser in Population Communication provided technical assistance for audio-visual communication in the introduction of population in rural development programmes in nine countries of the region. The regional project also made possible the production of four audio-visual programmes on the "State of World Population 1988", "Marginal Women in Lima", "Rural Migration", and "Rural Youth".

93. The UNFPA regional programme continued to provide support for training, research and technical backstopping activities at the Latin American Demographic Centre (CELADE) of the Economic Commission for Latin America and the Caribbean (ECLAC). Among the activities supported at CELADE in 1989 was the Second Applied Postgraduate Course on Population Dynamics and Development Programmes and Policies, in which 22 students from 16 countries participated. CELADE also organized national short-term courses in population dynamics in Bolivia, Costa Rica, Ecuador, El Salvador, Guatemala, and Nicaragua. CELADE also collaborated in different population-related training activities at universities in Argentina, Brazil, Chile, Cuba, Honduras, Mexico, Panama, Paraguay, and Uruguay. Other training activities included a workshop in Cuba on the demographic effects of development projects, as well as a seminar in Costa Rica on the use of socio-demographic indicators to identify vulnerable groups in society.

94. Almost all the countries of the region received CELADE technical assistance in such areas as updating population estimates and projections, executing national demographic surveys, conducting experimental census and fertility studies, undertaking research on international migration, addressing the situation of women in development, dealing with problems of aging, and improving family planning programme management and evaluation. CELADE also collaborated with many countries in the region in the field of population information. A major activity in this area was the creation of technology to facilitate the organization and utilization of information by national institutions.

95. UNFPA provided support to the Statistical Office of ECLAC for activities related to the design and organization of the 1990 round of population and housing censuses. The project was successfully concluded with a series of nine seminars on census operations. In 1989, the ECLAC Statistical Office prepared a project designed to assist the Central Statistical Office of the countries in the region to update their household survey programmes and to integrate pertinent data from that exercise into the 1990 round of population censuses. This project has benefited from a modality of technical co-operation among developing countries (TCDC), which the ECLAC Statistical Office has already used in the census project with UNFPA. The countries of the region will thus help each other through a series of seminars on methodological issues and a plan for future co-operation.

96. UNFPA collaboration with ECLAC also included support to a project on population and development for the English-speaking Caribbean. The project, which is being executed from the ECLAC sub-regional headquarters at Port of Spain, Trinidad and Tobago, is designed to help countries formulate population policies, integrate such policies into the planning of development programmes and develop an integrated infrastructure composed of trained personnel and computers that would enable countries in the sub-region to become self-sufficient in carrying out their work.

97. In 1989, UNFPA-funded regional activities implemented by the ILO Regional Employment Programme for Latin America and the Caribbean (PREALC) provided advisory services to seven countries of the region. The research activities carried out by PREALC included studies on the dynamics of unemployment in mid-sized cities in Latin America; links between the aging of the population, employment and social security in Chile; the interrelationship between population and development; bases for population

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policies in Central America; and migration and employment in four cities of Latin America. Through the regional population project, PREALC also collaborated on a series of courses and seminars on population and development in Jamaica and in several countries in Central America and at CELADE.

98. Several sub-regional activities were also undertaken in 1989 for the countries of Central America. CELADE and the International Organization for Migration (formerly the Intergovernmental Committee for Migration -- ICM) prepared a project to develop, organize and strengthen the national information systems on displaced populations in Central America. The project, funded by UNFPA, will support the work of national organizations in this area. UNFPA also supported a seminar on present conditions in Central America and future prospects, which was organized by the United Nations Institute for Training and Research (UNITAR) and held in Guatemala. Population experts and representatives of both public and private sectors participated. A publication entitled "Central America Towards the Year 2000 - Challenges and Options", issued as a result of the seminar, was received with much interest throughout the region.

E. Interregional programmes and projects

99. During the past year, implementation of intercountry activities continued in accordance with the programme as approved by the Governing Council in decision 88/34 III. In 1989, allocations to the interregional programme totalled approximately $25 million. In terms of functional categories, the largest share went to technical advisory services, approximately 38 per cent. In terms of work plan categories, MCH/FP claimed the largest share, $9.1 million or approximately 36 per cent. Of the $25 million allocated, 70 per cent was channelled to projects executed by United Nations agencies and organizations, and 30 per cent to projects executed by non-governmental organizations. With allocations of approximately $6.2 million, WHO received the preponderant percentage of interregional funds.

Agency-executed programmes

100. WHO. UNFPA supports eight interregional projects with WHO -- six with the Family Health Division, one with the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and one with the Global Programme on AIDS (GPA). During 1989, the interregional team that provides technical and managerial backstopping for MCH/FP undertook a total of 60 country missions, over half of which were to Africa. Under this backstopping project, a roster of consultants was maintained and a database for project monitoring became operational. Members of the interregional team, whose areas of specialization include maternal and child health, family planning delivery systems, midwifery, and programme management, also continued to take an active role in the various operationally oriented research projects funded by UNFPA.

101. Under the Management, Information and Evaluation project, efforts were made to improve the efficiency of national MCH/FP programmes in providing quality services. Activities involving the development and implementation of rapid evaluation methodologies and problem-solving approaches at the local level took place in Botswana, Jordan, Madagascar, and Zambia. Support was extended for the improvement of management information systems in several states in India. As part of the Family Planning Technologies project, databanks and reference bibliographies were compiled on the prevalence of primary and secondary infertility and on the prevalence and mortality consequences of illegal abortion. During the

past year, guidelines were issued on injectable hormonal contraceptives, NORPLANT, female sterilization services, family planning and AIDS, MCH care and AIDS, and the prevention and management of infertility at the primary health care level.

102. WHO, as part of the Safe Motherhood Initiative, continued to undertake epidemiological studies at the country level in order to ascertain the health status of women and to use the results of these studies as a basis for working with governments to devise MCH/FP programmes responsive to women's needs. Studies are currently under way in Egypt, Ethiopia, Mexico, and the Sudan. As part of the project on reproductive health in adolescence, another key area of concern to UNFPA, policy-oriented research studies commenced in Cameroon, Cuba, Egypt, Kenya, Liberia, and Sierra Leone. Staff of this project actively collaborated with staff of other UNFPA-supported projects dealing with adolescents, including activities with the World Assembly of Youth (WAY) and IPPF.

103. In 1989, WHO/HRP, which received a grant of $3.5 million from UNFPA, continued to make significant progress in the development and introduction of new contraceptives. Introductory trials are now under way in Mexico and Thailand for the monthly injectable, CYCLOFEM, and licensing arrangements are being finalized for a vaginal ring. HRP scientists continue to work on the development of a progesterone-releasing ring that would be suitable for use by nursing mothers. WHO/HRP also launched efforts to broaden the dialogue with women's groups on various aspects of the development and introduction of contraceptives. Similarly, the programme has expanded its interaction with the WHO/GPA to undertake research in areas of common interest.

104. FAO. Activities with FAO to develop and backstop country-level projects expanded considerably during 1989. As a result, the FAO Population Programme Co-ordination Unit, together with the regional population advisers, now oversees 45 projects, with allocations totalling $7.6 million in 1989. The unit continued to pursue successfully the strategy of integrating population elements into the work programmes of the Agency's various Technical Services. For example, the UNFPA-supported interregional project for incorporating population education into agricultural extension programmes is now providing for the backstopping of nine country-level projects. Similarly, an interregional project to integrate population education into rural youth programmes produced teaching aids and booklets that are now being used in several countries in Latin America and in Africa.

105. During 1989, FAO continued to commit its regular resources to population activities. It has supplemented UNFPA-supported efforts to build up national capacities in the area of population information, education and communication. This activity, which is based on working with national counterparts, was hampered by the lack of qualified experts in population communication. The uncertain duration of assignments and comparatively low salary levels encumbered recruitment of staff for country-level work. FAO also contributed its regular resources to interregional and country-level work to promote the participation of women in rural and agricultural development.

106. United Nations Population Division. The UNFPA-supported research programme in the United Nations Population Division encompasses a broad range of topics: urbanization; the integration of population into development planning; key issues in reproductive behaviour and child survival; women's status and demographic processes; the demographic impact of AIDS; and the global assessment of national population policies. The research project on women's status and demographic processes is paying particular attention to women as part of international migratory movements and as internal migrants. As part of the effort to disseminate the preliminary findings of this study to as wide an audience as possible, the

Population Division will sponsor, in collaboration with several international organizations, the regional commissions and the University of Pisa, an expert group meeting in early 1990 on women in international migration. The report of this meeting will serve as input to the thirty-fifth session of the Commission on the Status of Women, which will focus on the category of migrant women as one of its priority themes. The Population Division has also begun work on a review of pertinent literature on the feminization of internal migration in an effort to identify the key areas amenable to policy intervention. Moreover, in collaboration with the WHO Global Programme on AIDS, the Population Division held a workshop in December 1989 on Modelling the Demographic Impact of AIDS. The sessions, which were attended by modelers and national experts on AIDS, reviewed epidemiological and demographic models that have been developed in an attempt to project the future course of the AIDS pandemic.

107. ILO. In March/April 1989, UNFPA undertook an independent in-depth evaluation of selected ILO projects supported under the UNFPA intercountry programme. This assessment considered the major activities funded under the present and previous interregional programmes -- human resource development, population and family welfare education, and research. On the whole, the evaluation commended the ILO's innovative work in training national-level staff in integrating population and development and in backstopping national population planning units. It also remarked on the high calibre of the research produced by the ILO. The evaluation team did, however, point out the need to take corrective action in the area of population and family welfare education. Noting that this project had suffered because of the retirement and extended leaves of key staff members, it recommended that greater attention be paid to in-service training of population education advisers and experts and to improving the development of instructional materials to be used at the field level. The ILO itself had already recognized the need for in-service training and in October 1989 conducted an in-house workshop for regional advisers and experts.

108. During the past year, considerable progress was made in the three ILO research projects funded by UNFPA -- urbanization; aging and fertility; and gender concerns. The project manager of the Problems of Urbanization Study identified researchers and collaborating institutions in Brazil, Egypt, Kenya, Nigeria, the Philippines and Thailand who will play a major role in carrying out the research needed for the city case studies. In designing the research protocol, it was deemed essential to involve local scholars and policy-makers in order to enhance the potential utilization of research results as the basis for policy interventions. An interesting feature of this work is a study on Nairobi slums which is being carried out in tandem with a UNFPA-funded country project, "Collaborative systems for support of development in urban slum areas". This project is being implemented by the National Council for Population and Development. In conducting research on urbanization issues, the ILO and the Population Division are in close contact. In the area of aging and fertility, two large empirical country studies, which seek to clarify if and how the desire for security in old age influences family size aspirations, are under way in Costa Rica and Thailand. With respect to gender concerns, the ILO is working with countries, particularly in Africa, in the application of research and survey methodologies that facilitate the incorporation of gender concerns into national development policies and programmes. Activities under this project also include identifying and working with women researchers at the national level and assisting them with studies of women and development issues at the local level.

109. United Nations Department of Technical Co-operation for Development (UNDTCD). UNFPA support to UNDTCD encompasses a broad range of technical advisory services -- compilation and analysis of demographic statistics; preparation for and conduct of population censuses; data processing of population statistics; development of software; development of databases on women; integration of population and development; and the formulation of population policies. During the past year, many countries preparing

for the upcoming round of censuses made extensive use of the expert services available under this interregional programme. In addition to backstopping country-level activities, experts from the United Nations Statistical Office of the Department of International Economic and Social Affairs maintain collaborative links with the International Statistical Institute (The Hague) and with major international survey efforts such as the Demographic and Health Survey Programme.

110. In line with the importance UNFPA has accorded to investing in women, two activities should be noted. First, as part of the project extending technical advisory services in the development and application of integrated databases on women, population and development, assistance has been given to the women's institutional machinery in Bangladesh, Kenya, the Philippines, the United Republic of Tanzania, and Zambia for improving the collection of statistics on women and for setting up databases on women and development. Staff from this project provided technical backstopping to the Women's Units in ECA, ESCWA and ESCAP. Second, in order to enhance the availability of data on women, population and development, UNFPA, UNICEF, the United Nations Centre for Social Development and Human Affairs (CSDHA), the United Nations Development Fund for Women (UNIFEM) and UNDP have supported the United Nations Statistical Office in the preparation of a volume on Women and Social Trends, 1970-1990, to be released in 1990.

111. UNESCO. Based on conclusions reached at an intercountry review meeting held in February 1989, UNFPA and UNESCO intensified their efforts during the year to provide technical backstopping to country-level activities on a more systematic basis, making more efficient use of the services of regional and interregional teams. In order to formulate more appropriate communication strategies in the area of population and development, UNESCO, with UNFPA support, is undertaking social science research in this field. In view of the fact that the Education for All Conference will take place in March 1990, the International Congress on Population Education and Development will be held in 1992.

NGO-executed activities

112. Approximately 25 per cent of the UNFPA interregional programme is executed by NGOs. NGOs carry out programmes in all of UNFPA's work plan categories and undertake activities in the areas of training, research, dissemination of information and, on a fairly small scale, technical backstopping.

113. In view of the importance of contraceptive research and development, UNFPA supports The Population Council's International Committee for Contraception Research in its work on the development of "second generation" contraceptive implants, contraceptive rings, male contraceptives, and special anti-HIV barrier methods. The Fund also supports the Programme for the Introduction and Adaptation of Contraceptive Technology (PIACT), which provides a wide range of technical backstopping to developing countries, in particular those seeking to establish a capa[illegible] the domestic manufacture of contraceptives.

114. The Fund supports several NGOs to carry out training in selected areas -- e.g., the Margaret Sanger Center (MCH/FP) and the Johns Hopkins University (population education and communication). The four components of the Global Programme of Training in Population and Development are implemented by academic institutions in the respective countries. During 1989, the UN/USSR three-month course offered at Moscow State University was brought into the ambit of the Global Programme, and plans were finalized for the programme for Spanish-speaking candidates, which will be offered in collaboration with ECLAC/CELADE and is expected to become operational in 1990. The components of the Global Programme at the Institute for Social Sciences (The Hague), the Catholic University of Louvain (Louvain-

la-Neuf) and the Centre for Development Studies (Trivandrum) are now in their third year of operation and are progressing satisfactorily. A mid-term evaluation of the Global Programme is planned for the second quarter of 1990. There has been excellent collaboration with United Nations agencies, which have supplied staff as guest lecturers for certain blocs of instruction and have furnished their publications for use in the courses.

115. During the past year, the Fund has supported several NGOs -- The Population Council, The Population Crisis Committee and The Population Institute -- in the publication of research and information materials to promote awareness of population issues. UNFPA also finances the Annual Review of Population Law, produced jointly by Harvard Law School and UNFPA, which reports on legislation affecting population concerns in countries throughout the world.

116. Other activities with NGOs under the interregional programme include support for research and training sponsored by the International Union for the Scientific Study of Population (IUSSP); improvement of civil registration and vital statistics (International Institute of Vital Registration Statistics); co-operative research among national population research centres, organized by the Committee for International Co-operation in National Research in Demography (CICRED); integration of family planning into parasite control activities, organized by JOICFP; and activities of the World Association of Muslim Scholars dealing with development, health and population. The Fund extended considerable support to the Twenty-First International Population Conference of the IUSSP held in New Delhi, India, in September 1989. The Conference, opened by the Prime Minister of India, facilitated the exchange of information among research scholars from both developed and developing countries.

II. REVIEW OF THE PROGRAMME BY PRIORITY PROGRAMME AREA

A. Family planning

In 1989, UNFPA assistance in this area totalled $89.8 million or 46.3 per cent of total programme allocations, compared to expenditures of $67.9 million or 52.4 per cent in 1988. During the period 1969-1989, UNFPA assistance in this area reached $821.5 million or 46.2 per cent of total assistance.

117. During 1989, UNFPA again supported more than 500 country and intercountry family planning projects, approximately two-thirds of which were in Africa and the Asia and Pacific regions. As part of its efforts to meet countries' needs in MCH/FP, UNFPA provided technical assistance throughout the year to MCH/FP training programmes in all regions. One of the highlights of this component in 1989 was the development of the UNFPA-supported Tunisian national training programme in family planning into an international programme, and the establishment in Tunis of an international training centre for family planning for French-speaking countries, particularly those in Africa. These achievements were made possible by the co-operation of the Government of Tunisia, Tunis University, the University of Brussels, and UNFPA. The Fund will continue to support the newly-established training centre in order to improve the quality of its teaching and to help develop an effective management capability.

118. In 1989, UNFPA also participated in technical missions to several countries, including Algeria, India, the Islamic Republic of Iran and Nepal, which were undertaken in order to help these countries develop and strengthen their country programmes, of which training in MCH/FP is an integral part. In Nepal, the Fund helped to develop model family planning training programmes for village health workers

and nurses at MCH/FP clinics and hospitals in two regions. In India, the mission assisted the Government in formulating a strategy for comprehensive training programmes for village health workers and nurses in two states in order to improve MCH/FP services there. In the Islamic Republic of Iran, UNFPA included in its new programme of assistance a major component focusing on the training of rural midwives. The mission to Algeria, noting the need for better training programmes in family planning, recommended that UNFPA continue to provide technical assistance as necessary.

119. In response to the increasing need for a better management information system (MIS) for MCH/FP services, UNFPA developed in 1989 a diagnostic instrument covering management information inputs, outputs, quality, and impact. Using this instrument, UNFPA carried out diagnoses, with the assistance of individual consultants, The Population Council, ESCAP, and CELADE, of the management information systems in selected countries in Africa, Asia and the Pacific, and Latin America and Caribbean regions. This exercise helped the countries involved to assess the management of their programmes and to establish an effective system for dealing with programme constraints. UNFPA prepared individual country reports on the status of the management information systems in these countries in addition to a report on the diagnostic exercise as a whole.

120. During 1989, UNFPA, with the assistance of a consulting team, also examined the MCH/FP logistics systems of 18 sub-Saharan African countries. The exercise analyzed these countries' systems for procuring and distributing contraceptive supplies to service points, as well as for disseminating information on MCH/FP supplies and services.

121. The importance of family planning both as an integral component of health care and as a method to reduce fertility was emphasized in the Amsterdam Declaration, which was adopted by acclamation at the International Forum on Population in the Twenty-first Century, held in Amsterdam in November 1989. The Declaration, which was based on the findings of the Fund's two-year review and assessment of accumulated population experience and UNFPA's 1989 State of World Population report entitled "Investing in women", set forth clearly measurable population goals and objectives to be achieved by the year 2000. To this end, the Declaration noted the importance of the quality, effectiveness and outreach of MCH/FP programmes and services in both the public and private sectors. The Declaration also emphasized the need for expanded research on contraceptive technology and of social science research on the determinants of fertility and family planning attitudes and behaviour. One of the declared objectives, in view of the considerable unmet needs in family planning, was to increase contraceptive prevalence in developing countries to at least 56 per cent of women of reproductive age by the year 2000. This would require expanding the number of contraceptive user couples from the current estimated level of 326 million to 535 million. Other goals included a reduction of infant mortality to (at most) 50 per 1,000 live births by the year 2000 in all countries and major sub-groups within countries, and a reduction in maternal mortality from all causes, including illegal abortion, by at least 50 per cent by the year 2000, particularly in regions where the figure currently exceeds 100 per 100,000 live births. In the area of programme priorities and approaches, the Declaration called for the need to improve the coverage and quality of MCH/FP programmes, wherever possible within the context of primary health care.

122. During 1989, UNFPA continued to participate actively in inter-agency collaborative endeavours. Working closely with WHO, UNFPA helped produce a booklet on policy aspects of community participation in MCH/FP programmes and distributed it widely to the countries concerned. The Fund also participated in regular inter-agency follow-up committee meetings on activities related to the Safe Motherhood Initiative and Better Health for Women and Children through Family Planning. UNFPA held

consultations with WHO and UNICEF on increasing programme collaboration on MCH/FP. UNFPA and WHO further collaborated on a review of the intercountry projects funded by UNFPA and executed by WHO, and discussed future plans to provide the countries concerned with technical backstopping in MCH/FP. UNFPA also participated in the planning of plenary and group sessions for technical discussions held during the World Health Assembly. The theme of the 1989 technical discussion was the health of adolescents. (UNFPA's collaborative efforts with WHO in carrying out AIDS prevention and control programmes under the MCH/FP initiative in the WHO/GPA is discussed in paragraphs 166-172 of this report. Suffice it to note here that UNFPA co-sponsored the conference on "The Implications of AIDS for Mothers and Children", held in Paris in November, and undertook project formulation missions in Thailand and Uganda in the area of AIDS and MCH/FP.)

123. In 1989, UNFPA participated in the Expert Group Meeting on Population and Human Rights held in April in Geneva and organized by the Centre for Human Rights and the United Nations Population Division. The meeting focused on the current status of efforts to reduce fertility, mortality and population growth and how such efforts relate to human rights concerns. In the discussion on contraception and family planning, it was observed that the right to decide freely and responsibly on the number and spacing of children was well accepted in principle at the international and national levels. The meeting recommended that the Secretary-General be requested to give close attention to, among other things, population policies as regards family planning, with special reference to accessibility of services, as well as to such issues as informed consent, coercion, and incentives and disincentives.

124. UNFPA continued during 1989 to provide support for the improvement of contraceptive technologies. The Fund supported contraceptive research activities carried out by WHO/HRP, The Population Council and the International Organization for Chemical Science in Development (IOCD). The Fund supported IOCD because of its innovative technology, particularly in the area of contraceptives for men. UNFPA also continued to support The Population Council's programme to introduce NORPLANT contraceptive sub-dermal implants in about 10 selected countries, as well as PIACT's efforts to provide countries with technical assistance in packaging and distributing local contraceptive products as well as in establishing the necessary facilities for their local production.

125. During 1989, UNFPA stepped up its efforts to provide updated MCH/FP information to all staff members, both in the field and at headquarters. In December 1989, the Fund organized an in-house seminar for headquarters staff on community-based MCH/FP programmes in rural areas. The Inventory of Training Courses in FP and MCH 1988-1989 was published by UNFPA. Copies of the Inventory were distributed to UNFPA field offices, governments, United Nations specialized agencies, non-governmental organizations, medical schools, population laboratories and at headquarters. The 1990-1991 edition is planned for publication in 1990.

B. Information, education and communication

UNFPA assistance for activities in this sector in 1989 totalled $32.7 million, or 16.8 per cent of total programme allocations, compared to $18.9 million or 14.5 per cent of expenditures in 1988. During the period 1969-1989, UNFPA assistance in this area totalled $230.4 million or 12.9 per cent of total assistance.

126. During 1989, in view of the importance of IEC as an integral component of a country's population programme, UNFPA focused considerable attention on developing IEC strategies for country programming exercises in Angola, Albania, Ecuador, Mexico, and the Syrian Arab Republic. Working closely with the Governments in each of these countries, UNFPA Programme Review and Strategy Development (PRSD) Missions helped to clarify national population objectives in the IEC sector, identify key target groups within the population, select the most appropriate communications channels to be used, and design the content of the information and education messages. UNFPA provided similar assistance to the state governments of Rajasthan, Maharashtra and Himachal Pradesh in India in support of their efforts to re-orient their population communication activities in 1989.

127. Throughout the year, many UNFPA-assisted projects employed new and innovative approaches to IEC. For example, in the Comoros, Ethiopia, India, Indonesia, Kenya, Nepal, Nigeria, the Philippines, and Thailand, UNFPA applied lessons learned from socio-cultural research in developing appropriate information messages, in particular as concerns various methods of contraception. The Fund also used social marketing techniques to disseminate information about family planning services, including the different types of contraceptives available, within the framework of family planning projects in Bangladesh, Colombia, Indonesia, Jamaica, Mexico and Thailand.

128. Other innovative projects included, among others: (a) the use of modern communications technology such as videotape and computer graphics to reach groups with low levels of literacy in Bangladesh, Ethiopia, India, Thailand and Viet Nam; (b) the design of special activities to educate adolescents as to how to deal with reproductive health issues and AIDS prevention in Jamaica, Mexico, Thailand and Zambia; (c) the examination of educational approaches used in Indonesia, Mexico and the Philippines to reach newly married couples in order to identify the best ways of working with this important group; and (d) the integration of the safe motherhood concept into population IEC programmes in order to mobilize public support for improving the health of women and for lowering maternal mortality rates, both through family planning. UNFPA also provided support to UNESCO to review the various approaches and methodologies used by population communicators with different backgrounds, in order to facilitate collaboration in field work.

129. An important area of UNFPA concern in 1989 was training in IEC. UNFPA, therefore, conducted or sponsored assessments of training facilities at several institutions in both developed and developing countries in terms of their potential for providing effective training of country project staff in the development of IEC strategies, the planning of activities, and the production of audio-visual materials for population education and communication. UNFPA also maintained contacts with a number of universities and other institutions offering special services related to IEC, including training and consultancies. Another important UNFPA activity during the year was the Fund's contribution to the drafting of an action plan to assess communication needs in support of development in Africa in the 1990s, which was conducted under the work programme of the Steering Committee for the United Nations Programme of Action for African Economic Recovery and Development.

130. UNFPA again expanded its activities in the area of non-formal population education, which is essential in reaching the large number of school drop-outs and unschooled youth, particularly girls and women, with information on various health and family planning issues. In 1989, the Fund added Nepal and Viet Nam to the growing list of countries undertaking out-of-school population education activities, in addition to their school programmes. Moreover, family life education components were integrated into literacy programmes in Ethiopia, India, and Morocco.

131. Requests from governments of developing countries for support of sex education projects have increased in recent years, as more countries perceive a need to address the special needs of adolescents and youth in relation to reproductive behaviour and health, and to provide them with information and education on preventing sexually-transmitted diseases, including AIDS. In 1989, UNFPA provided support for the development of a national sex education programme in Nicaragua and for a project on women, family life and sex education in Viet Nam. Sex education received renewed emphasis in Chile where a seminar was organized on the subject.

132. UNFPA's review and assessment of accumulated population experience viewed comprehensive rural development as one of the most promising solutions to the problems of rapid population growth and rural-to-urban migration. Agricultural extension programmes, home economics courses, co-operatives, young farmer's associations, and women's clubs have all served as vehicles for the introduction of population education in rural areas. Working closely with FAO, UNFPA provided assistance for the integration of population and family life education and communication components into rural development programmes and agricultural extension systems in Cameroon, Jamaica, Kenya, Lesotho, and Yemen.

133. Population education components have been integrated into family welfare education and workers' education to assist workers in making informed decisions on family formation and reproductive behaviour. In collaboration with the ILO, UNFPA support was provided for population education in various work settings in Liberia, Nigeria, the Philippines, Tonga, and Zambia.

C. Basic data collection

In 1989, UNFPA assistance in this area totalled $21.1 million or 10.9 per cent of total programme allocations, compared to $13.0 million or 10.0 per cent of expenditures in 1988. During the period 1969-1989, UNFPA assistance in this area totalled $234.5 million or 13.2 per cent of total assistance.

134. The review and assessment exercise conducted by UNFPA in 1988 and 1989 confirmed the positive impact UNFPA assistance has had on improving the capabilities and capacities of national statistical offices in developing countries to collect, tabulate, analyze and disseminate population data. It also identified emerging issues and needs in population and data collection and dissemination. The International Forum on Population in the Twenty-first Century, held in Amsterdam in November 1989, endorsed the findings and recommendations of the review and assessment, including those in the area of data collection and analysis. Indeed, the Amsterdam Declaration noted that "an increase in efforts to collect, analyze, disseminate and use data in population policy and programme planning" was "among the critical basic activities needed in planning for the attainment of (national population) goals" for the coming decade and beyond.

135. UNFPA's support of more efficient and timely dissemination of disaggregated data continued in 1989, and included support for the development and management of electronic databases. Technical co-operation among developing countries (TCDC) in the area of population data collection and analysis also continued to receive UNFPA support.

136. In 1989, UNFPA allocated $17.2 million in support of 74 country projects under the 1990 round of population censuses. Over $13.5 million, or 78.5 per cent, of this assistance went for technical assistance,

including $1.74 million for services of international experts and consultants, $3.37 million for training, and $8.4 million for equipment. The majority of UNFPA assistance to population censuses went to activities in Africa, where 33 country projects received a total allocation of $7.1 million, or 41.5 per cent of UNFPA allocations for census activities in 1989. UNFPA provided $4.9 million, or 68.3 per cent of allocations to census activities in Africa, for technical assistance, broken down as follows: $1.1 million for international experts and consultants, $1.06 million for training, and $2.7 million for supplies and equipment for data processing and cartography. Local costs for the Africa region in 1989 amounted to $3.7 million. In Asia and the Pacific, UNFPA allocated $6.9 million in 1989 for 14 census projects. Approximately $6.1 million, or 88.4 per cent, went for technical assistance: $0.1 million for international experts and consultants, $1.3 million for training, and $4.7 million for equipment. In the Arab States and Europe, the Fund supported 7 census projects, with an allocation of $1.2 million. Nearly 77 per cent of this amount, or $0.92 million, went for technical assistance: $0.33 million for international experts and consultants, $0.13 million for training, and $0.46 million for equipment. In Latin America and the Caribbean, UNFPA supported 20 census projects with an allocation of $1.95 million. Approximately 86 per cent of this amount was used to provide technical assistance: $0.2 million for international experts and consultants, $0.9 million for training, and $0.57 million for equipment.

137. During 1989, UNFPA allocated $2.1 million to conduct population sample surveys through 20 country projects. Over $1.1 million, or 53 per cent of this assistance, went for technical support: $0.33 million for international experts and consultants, $0.33 million for training, and $0.44 million for equipment. The geographical distribution of these projects was as follows: 6 projects in Latin America and the Caribbean ($0.79 million); 7 projects in Asia and the Pacific ($0.52 million); 5 projects in the Arab States and Europe ($0.36 million); 2 projects in Africa ($0.38 million). Moreover, UNFPA continued to support the joint Pan-Arab child and maternal health survey covering the Gulf States and six other countries in the Arab region, co-funding it with the Arab Gulf Fund, the League of Arab States, UNICEF, WHO, and the United Nations Statistical Office.

138. During the year, UNFPA allocated $2.0 million in support of 20 projects to establish or strengthen civil registration and vital statistics systems in three regions: 11 projects in Africa ($0.93 million); 5 projects in the Arab States and Europe ($0.65 million); and 4 projects in Asia and the Pacific ($0.43 million). Of this amount, $1.3 million, or 64 per cent, went for technical assistance, in roughly equal portions of $0.43 million for international experts and consultants, training and equipment and supplies.

139. In 1989, UNFPA continued to provide support for demographic analysis and training, extending $15.5 million to 51 projects. Of these, 23 projects were in Africa ($4.57 million); 14 in the Arab States and Europe ($3.5 million); 6 in Asia and the Pacific ($6.5 million); and 8 in Latin America and the Caribbean ($0.93 million). Of this allocation, $12.5 million, or 80.4 per cent, went for technical assistance: $2.7 million for international experts and consultants, $4.9 million for training, and $4.8 million for equipment.

140. UNFPA assistance not only helped to make essential population data available for use in effective promotion of awareness, formulation of population policies and programmes, and integration of population into development planning, but, more importantly, it also served to strengthen national capacity and self-reliance in most developing countries to plan, design, implement, evaluate, analyze, and disseminate quality population data in a timely and usable fashion. Such strengthening of national capacity will have the added advantage of facilitating the co-ordination of multilateral and bilateral assistance in the area of basic data collection and analysis, which remains a priority for UNFPA, particularly as the 1990 round of population censuses takes place.

D. Utilization of population data and population research for policy formulation and development planning

In 1989, UNFPA assistance to (a) population dynamics totalled $24.2 million or 12.5 per cent of total programme allocations, compared to $14.7 million or 11.4 per cent of expenditures in 1988; (b) formulation and evaluation of population policies and programmes totalled $13.3 million or 6.8 per cent of total programme allocations, compared to $9.3 million or 7.2 per cent of expenditures in 1988; and (c) implementation of policies totalled $.073 million or .04 per cent of total programme allocations, compared to $0.3 million or 0.2 per cent of expenditures in 1988. During the period 1969-1989, UNFPA assistance in these areas totalled (a) population dynamics, $424.3 million or 23.4 per cent of total assistance; (b) formulation and evaluation of population policies, $105.5 million or 5.9 per cent of total assistance; and (c) implementation of policies, $10.1 million or 0.6 per cent of total assistance.

141. UNFPA assistance in this area aims at developing the most suitable methodological approaches and techniques for policy formulation and development planning; strengthening national technical capacities and support research and studies; and setting up the institutional arrangements required for the formulation and implementation of population policies and for the integration of population factors into socio-economic development planning.

142. The main activities to which UNFPA provided support during 1989 include: studies on the social and economic consequences of population trends; the interrelationship between population, environment, resources, and development; the formulation and evaluation of population policies; and the integration of population factors into national development plans. The Fund also continued to organize training courses, focusing on various aspects of demography and on the interrelationship between population and development, at the interregional, regional, and country level.

143. As part of its continuing efforts to promote the integration of population factors into development planning, in 1989 UNFPA provided $14.8 million to such activities at the country, regional and interregional level. The Fund again devoted the largest portion of its assistance to this sector to help establish or strengthen population units within the framework of national socio-economic development planning.

144. UNFPA continued to provide support for a variety of research activities at the interregional, regional and national level. The research at the interregional and regional level, as in the past, was undertaken to clarify concepts and develop methodological techniques. That undertaken at the country-level was oriented more towards operations and programmes. In 1989, UNFPA-funded research at the interregional level, carried out mainly by the United Nations Population Division, FAO, and the ILO, focused on the interrelationship between socio-economic development and population variables; population and rural development; the demographic consequences of development projects; and the integration of population factors into development planning. Research at the country-level, continuing the trend of the two previous years, examined population growth and trends; determinants and consequences of migration; migration and employment; and human resource development. In 1989, UNFPA provided assistance totalling $4.9 million to support research activities at these three levels.

145. With the aim of increasing the quality and quantity of personnel trained in the area of integrating population factors into development planning, during 1989 UNFPA again supported training programmes

in population and development at the global, regional and national levels. The Global Programme of Training in Population and Development continued at its international centres: the Catholic University of Louvain, Belgium; the Centre for Development Studies, Trivandrum, India; the Institute of Social Studies, The Hague, the Netherlands; and the UN/USSR Training Programme on Population and Development, Moscow, the Union of Soviet Socialist Republics. In an effort to extend the outreach of the Global Programme of Training, UNFPA decided in 1989 to develop a special course within the programme for Spanish-speaking people.

E. Women, population and development

In 1989, UNFPA assistance in this area totalled $5.9 million or 3.1 per cent of total programme allocations, compared to $1.9 million or 1.5 per cent of expenditures in 1988.

146. Implementation of strategy. Implementation of UNFPA's strategy to strengthen the capacity of the Fund to deal with issues concerning women, population and development continued vigorously in 1989. As a result, all of the activities outlined in the strategy's 1989 work plan were successfully carried out. The strategy, which is now an integral part of the Fund's strategic programming efforts, has been instrumental in heightening awareness among UNFPA field and headquarters staff of the linkages between improvement in the status of women and the achievements of other objectives of population and development programmes.

147. Following a mid-term review of the implementation of the strategy, UNFPA submitted to the Governing Council at its thirty-sixth session a detailed status report (DP/1989/38), which the Council noted with appreciation. The review, which drew mainly on information about activities undertaken at the field level, covered the first two years of the strategy's four-year work plan (1987-1990). As a result of the review, UNFPA was able to identify priority areas for future action at the field level, as well as to chart the future direction the Fund should take to implement the strategy and other policies aimed at enhancing the status of women, both in society and in development. The Fund also provided Council members, for their interest and attention, copies of UNFPA's 1989 State of World Population report entitled "Investing in Women: The Focus of the Nineties". The Governing Council, noting the report with satisfaction, endorsed in principle the recommendations and goals set forth in the report (decision 89/46 A, para. 11).

148. As required by the strategy, the second meeting of the UNFPA Advisory Panel on Women, Population and Development was held in February 1989 in New York. The 12-member panel discussed and made recommendations on the draft of the status report of the implementation of the UNFPA strategy, the 1989 State of World Population report, as well as the background documents prepared for the International Forum on Population in the Twenty-first Century, held in Amsterdam, in November 1989.

149. Training. During 1989, UNFPA paid special attention to training for its field staff, regional technical advisers, national counterparts, and government officials on issues of special importance in the area of women, population and development. Training workshops were organized in the Asia and Pacific and the Latin America and Caribbean regions. The purpose of these workshops was twofold: (a) to familiarize the participants with the conceptual aspects of incorporating women's concerns and needs into population and development programmes; and (b) to provide the participants with the practical and technical skills required for gender-sensitive programming and project development, implementation, and evaluation.

150. In January 1989, UNFPA organized and conducted, in collaboration with the Asian Institute of Management, based in Manila, the Philippines, the second in its series of regional training workshops. The workshop, held in Bangkok, Thailand, was attended by UNFPA Country Directors and International Programme Officers, as well as regional technical advisers from other United Nations agencies involved in the development and implementation of population and development programmes.

151. As part of the Fund's efforts to collaborate with other agencies and organizations within the United Nations system, regional training workshops on women in development were organized in Latin America and the Caribbean and conducted under the auspices of the Joint Consultative Group on Policy (JCGP), in partnership with the United Nations International Research and Training Institute for the Advancement of Women (INSTRAW). This training sought to benefit the field staff of the participating agencies as well as their national counterparts who were involved in activities aimed at the advancement of women. Another joint training workshop took place in May 1989 in Santiago, Chile. This workshop, conducted in Spanish, was held for senior JCGP field staff and national counterparts in charge of population and development programmes in the South American continent.

152. As part of its training activities for the benefit of national counterparts, the Fund carried out extensive consultations with several institutions of higher education. The purpose of these consultations was two-fold: (a) to review existing courses on women in development in order to gauge their practical usefulness for those involved in activities aimed at the advancement of women; and (b) to identify ways and means of preparing relevant training courses for those involved in population policy and programme development or with project execution at the community level. As a result of the consultations, the University of Reading in the United Kingdom and the Royal Tropical Institute in the Netherlands have offered specific fellowship programmes for candidates from developing countries.

153. The UNFPA Training Manual on Gender Analysis, developed in 1988, was published in English, French and Spanish and distributed widely during 1989. The Fund has received numerous requests from all parts of the world for this unique manual, an indication of its usefulness both as a training manual and as a guide for project preparation and appraisal.

154. Monitoring. As part of the Fund's systematic efforts to monitor the implementation of its policies and strategies in order to improve the development and delivery of programmes and projects, UNFPA undertook a review during 1989 as a means of ascertaining the extent to which independent, in-depth evaluations of UNFPA-supported programmes and projects adhered to the UNFPA Guidelines for the Evaluation of the Women's Dimension in Fund-assisted Programmes. The general findings of the review, which focused on project, programme, intercountry and comparative evaluations carried out since February 1986, underscored the need: (a) to sharpen the focus on the women's dimension in the terms of reference for evaluation missions; (b) to require that the women's dimension be included in evaluation reports; (c) to identify the sources of shortcomings in the evaluated programmes; and (d) to provide practical and concrete approaches aimed at reflecting women's concerns more effectively in the programmes.

155. The project reviews begun in 1988 continued in 1989, with those in Gabon, Guinea-Bissau, Honduras, Indonesia, Jordan, Paraguay, Zaire, and Zambia having been completed. The purpose of the reviews was to document the achievements as well as the constraints in project implementation regarding the incorporation of gender-specific issues. In 1989, the Fund published and disseminated the project review reports in order to provide staff, national counterparts, regional advisers, and consultants with information based on practical experiences at the project level. UNFPA has also initiated, in collaboration with UNDP,

the preparation of a series of "country profiles". These profiles provide extensive statistical data and detailed information on various socio-economic and demographic factors relating to the status of women. Additional information provided in the profiles include legislation concerning women's rights and responsibilities, activities of women's organizations, and level of participation of women in the national development process, including in decision-making at all levels. So far, UNFPA has prepared 25 such country profiles, mainly on UNFPA priority countries.

156. Project support. As in past years, UNFPA reviewed all country programmes and project submissions to ensure that gender considerations had been adequately reflected and that provisions had been made for their implementation. The increased allocations by the Fund to the women, population and development area in 1989 made it possible to support a wide range of projects and thus to reach more women with UNFPA activities. Included in this area were: development of databases on women; studies on maternal and infant mortality patterns; support to research on female-headed households; educational and training activities aimed at eliminating practices that are harmful to women's health and well-being; publication of materials on changing socio-economic trends as they relate to women; the creation of awareness of a woman's right to family planning information and services; training of female leaders in MCH/FP; incorporation of population education into agricultural extension programmes; and support to educational, training and skill development programmes aimed at providing women with better economic opportunities.

157. As required by the strategy, the Fund is in the process of developing a computerized system to store and retrieve information relating to women's concerns in all UNFPA-supported projects. The database will provide information on project objectives, activities, inputs and financial allocations. The system is expected to greatly enhance the efficiency and effectiveness of project implementation.

F. Special programme interests

In 1989, UNFPA assistance in this area totalled $1.6 million or 0.8 per cent of total programme allocations, compared to $3.2 million or 2.5 per cent of expenditures in 1988. During the period 1969-1989, UNFPA assistance in this area totalled $35.3 million or 2.0 per cent of total assistance.

1. Youth

158. During 1989, UNFPA-supported projects aimed at youth focused on the areas of population and family life education, communication and family planning. Other areas with components directed at youth included data collection, population dynamics, and population policy formulation, implementation and evaluation. Among the UNFPA activities specifically addressed to the concerns of youth in 1989 were family life education for youth in Indonesia and training for youth in home management and family welfare in Samoa. UNFPA also provided assistance to the Marshall Islands to support the second phase of a population and family welfare IEC project for youth.

159. An area of major importance to UNFPA is the reproductive behaviour and health of adolescents and youth. The Fund's review and assessment of accumulated population programme experience reveals that the reproductive behaviour and related health needs of adolescents, in particular that of girls and women, is growing in importance in a number of countries that had not previously identified it as a

problem and thus do not have experience in developing IEC approaches to deal with it. In 1989, the Fund therefore increased its support for programmes that respond to the fertility-related needs of youth, providing assistance for reproductive health programmes for youth in Suriname and Uruguay, as well as for a survey on adolescent fertility, reproductive behaviour and employment in Ethiopia.

160. UNFPA paid particular attention during 1989 to the needs of young women, providing support for a regional seminar in Ethiopia on a better life for young women and for a project to integrate population and family life education into rural centres for young women in Tunisia. Moreover, with a view towards increasing the participation of youth in population activities, UNFPA supported interregional projects that rely on peer counselling to promote reproductive health practices among adolescents.

161. Finally, a joint WHO/UNFPA/UNICEF statement, "The Reproductive Health of Adolescents: A Strategy for Action", was issued and circulated to the staff of the three organizations concerned as well as to others. The statement documented the commitment of the three organizations to joint, complementary and co-ordinated action as well as to co-operation with other United Nations bodies and governmental and non-governmental organizations in the promotion of the reproductive health of adolescents.

2. Question of aging

162. UNFPA financial assistance and the number of projects supported in the field of aging have increased consistently in recent years. Within its policy guidelines, UNFPA, working closely with other United Nations organizations and institutions involved in the field of aging and the elderly, provided assistance in 1989 to eight projects, totalling $0.67 million. These projects have helped to increase the awareness of policy-makers and strengthen the capability of developing countries to understand the causes and implications of population aging and its interrelationship with socio-economic development. An analysis of functional categories reveals that five out of the eight projects were research projects, two were concerned data collection and dissemination, and one provided support to a training institution.

163. UNFPA supported a wide range of aging-related projects addressing different substantive issues. For example, the Fund continued to support the interregional project "Population Aging, Old Age Security and Social and Economic Policies", executed by the ILO. This project seeks to promote the formulation of policies (and their subsequent integration into development planning) which take into consideration the implications of population aging for fertility, social services for the elderly, the economy, and the labour market. Moreover, UNFPA supported the regional project "Analysis of Economic and Social Consequences of Changing Population Structure in Europe", executed by the ECE, to gain a better understanding of the implications of emerging changes in the population structure and to promote their incorporation in the planning process of the developing ECE countries. Also at the regional level, UNFPA supported the project "Emerging Issues on Aging Population in Selected ESCAP Countries", to assess alternative policies and programmes to deal with anticipated problems related to the changing age structure in the light of socio-economic development.

164. At the country level, UNFPA supported the project "Development of Research on the Aged for Policy-making Purposes" in China, executed by JOICFP, to produce baseline statistics on current and future patterns on aging; to assess the impact of the existing policies on aging in China; and to evaluate, on the basis of interdisciplinary comparative studies between China and Japan, the applicability of some of the Japanese policy experiences in the context of China.

165. UNFPA also took part in the "International Symposium on Aging: Policy Issues and Future Challenges", organized by JOICFP and the China National Committee on Aging, held in Beijing, China, in December 1989. The Fund was also represented at the "WHO Research Programme on Aging: Meeting of Interested Parties", held in Geneva in March 1989; the "Meeting of Eminent Persons: International Fund-Raising Strategies for Aging", held in New York in September 1989; and the "Inter-Agency Meeting on System-Wide Co-ordination of Policies and Programmes in the Field of Aging", organized by the United Nations Office at Vienna/Centre for Social Development and Human Affairs in November 1989.

3. AIDS

166. During 1989, UNFPA continued its collaborative work with WHO under the global strategy set forth by the WHO Global Programme on AIDS (GPA) and other organizations, notably UNICEF, within the context of the Fund's current policy guidelines on AIDS. The main objective of the Fund's contribution to the work undertaken by the GPA at both the central and country level has been to bring MCH/FP and AIDS-related activities together. Indeed, national MCH/FP networks are considered to be excellent channels for implementing programmes aimed at the prevention and control of AIDS. Before such networks can be used effectively in this way, however, it will be necessary to create or strengthen the contacts between the respective units of national Ministries of Health, as well as to elaborate specific procedures and guidelines for the integration of AIDS-related activities into established MCH/FP programmes and to incorporate the resulting programmes into national AIDS plans.

167. The Fund is currently participating in all meetings between interested government parties and the GPA at which the subjects of the integration of MCH/FP and AIDS-related activities and of the plausibility of specific activities for UNFPA financing are discussed. Attendance at these meetings by UNFPA Country Directors or UNFPA Representatives has both enhanced the visibility of UNFPA in the effort to combat the AIDS pandemic and increased the number of requests to provide support in this area.

168. Some of the most important projects the Fund has been asked to contribute to entail supplementing ongoing UNFPA MCH/FP or IEC programmes with components specifically addressed to AIDS prevention and control. As a result, UNFPA special components on AIDS have been integrated into MCH/FP and/or IEC projects in, e.g., Benin, Cameroon and Liberia. The demand for condoms has increased in some countries as requests for AIDS coverage have been added to regular family planning programmes. In Haiti, for instance, condoms were distributed to high-risk groups by a local NGO as an activity within the framework of an MCH/FP project. Moreover, the UNFPA field office in Kenya approved a two-year project aimed at developing IEC strategies and materials in the prevention and control of AIDS. Plans are also under way in a number of countries to develop specific AIDS-related projects in the light of each country's particular needs.

169. In the early part of 1991, UNFPA will have completed an inventory of current activities and prospective projects on AIDS, the objective being to obtain an overview of projects through 1989 and to plan for future needs in project support. The Fund also expects that a parallel activity in socio-cultural research for family planning will also focus on AIDS-related issues from a socio-cultural perspective. While there is now some evidence of behavioural change in groups at risk, particularly in developed countries, the integration of MCH/FP and AIDS-prevention activities would likely render valuable information on how such integrated activities could facilitate behavioural change in different populations. It should be noted, however, that the scarcity of specialists trained in the area of integrating MCH/FP and AIDS activities may present an acute problem in the near future.

170. An important area of concern for the Fund has been the need to promote awareness among those responsible for the leadership and co-ordination of the national AIDS efforts of the need to integrate AIDS prevention activities into MCH/FP networks. This is necessary because such leaders are commonly staff members of epidemiology departments dealing with transmittable diseases and thus have not worked closely with MCH/FP units. UNFPA has achieved some progress in this area both in terms of maintaining an adequate flow of communication with these leaders and in some cases by incorporating MCH/FP units into ministerial AIDS co-ordinating bodies.

171. A second area of concentration has been the formulation of procedures and guidelines for the integration of MCH/FP and AIDS activities. The preparation of separate guidelines for integrating MCH and AIDS activities, as well as family planning and AIDS activities, expected to be ready for publication in 1990, has been facilitated as a result of the secondment of a UNFPA staff member to the GPA.

172. With regard to the demographic impact of AIDS, work by the United Nations Population Division continues with support from UNFPA. In December 1989, the Population Division organized a meeting to compare various methodologies in order to assess their respective advantages and disadvantages. The meeting helped to increase the understanding of current demographic modelling exercises, and provided a useful opportunity for modelers and potential users of the models to interact and to help ensure that research efforts would be relevant to the needs of planners.

III. PROMOTION OF AWARENESS AND REVIEW OF OTHER ASPECTS OF THE UNFPA PROGRAMME

A. Review and assessment of accumulated population experience

173. Nineteen-eighty-nine witnessed the culmination of the two-year-long review and assessment of accumulated population experience conducted by UNFPA. The initiative, which was welcomed by the Council in decision 87/30, focused on lessons learned from experiences in three sectors: population data, policy development and planning; maternal and child health and family planning; and information, education and communication. In addition, the Fund conducted reviews of the experiences in each geographic region to complement the sectoral analyses and to sharpen the assessment of factors underlying the evolution of population programmes. Moreover, in order to enhance the accuracy of the conclusions and recommendations for action emerging from the overall exercise, case studies were undertaken in Ecuador, Egypt, Kenya, Mexico, the Philippines, Thailand, Tunisia and Zimbabwe.

174. The review and assessment exercise benefited greatly from constructive input from many and varied sources. For example, in the course of conducting the various studies, UNFPA consulted a wide cross-section of specialists from both developed and developing countries, agencies and NGOs, and convened special expert group meetings to examine early drafts of the sectoral, regional and country reports. Furthermore, in January 1989, experts from bilateral agencies, United Nations specialized agencies, NGOs and selected developed and developing countries joined UNFPA in a consultation at United Nations headquarters to discuss the principal findings and highlights of the study.

175. The policy implications of the findings and conclusions of the voluminous study (some 2,700 pages of original text) were distilled into the 25-page report which was presented to the Governing Council at its thirty-sixth session (document DP/1989/37). In view of the importance of these policy implications, the Council took a separate decision on "future needs in population, including the development of financial

resource requirements for international population assistance" (decision 89/48). In that decision, the Council endorsed the general population goals and approaches for the 1990s identified in the report and requested the Executive Director to initiate, in co-operation with other institutions as appropriate, the development of financial resource requirements for international population assistance. The Council also welcomed the convening of an international forum, to be held in Amsterdam, the Netherlands, in November 1989, as an important step in further delineating the major issues and needs regarding population policies and programmes. The review and assessment, and the sectoral, regional and country reports it spawned, were the centrepiece of that forum and, in general, served as the basis for the recommendations set forth in the Amsterdam Declaration (see below). In fact, the impact of the review and assessment as a guide to future action is perhaps nowhere more evident than in the Declaration, which in essence translated many of its major findings into the seven main pillars for the attainment of population goals and objectives in the current decade and beyond.

B. Promotion of awareness and exchange of information

International Forum on Population in the Twenty-first Century

176. Few events in UNFPA's twenty-year history can match the dynamism or significance of the International Forum on Population in the Twenty-first Century, held in Amsterdam, the Netherlands, from 6 to 9 November 1989. The Forum, organized by UNFPA in co-operation with the Government of the Netherlands, brought together some 250 senior government officials and population experts from around the world to discuss openly and frankly the most important population issues of the 1990s and beyond. This was done within the context of the findings and recommendations of the Fund's review and assessment of accumulated population experience (see above). Forum participants discussed ways to implement population policies and programmes more effectively, and recommended strategies for mobilizing resources to support future population activities.

177. Ministers and senior officials from 79 countries participated in the Forum, as did representatives from 20 United Nations organizations and specialized agencies and six intergovernmental organizations. Observers from over 30 non-governmental organizations and 16 academic and training institutions also attended the Forum.

178. The Forum is perhaps most notable for the Declaration it produced. Entitled "A Better Life for Future Generations", the Amsterdam Declaration recommended specific population goals and objectives to be achieved by the year 2000, including, among others: an increase in family planning user couples from the current level of 326 million to 535 million; a substantial reduction in very early marriage and in teen-age pregnancy; a reduction of infant mortality rates to at most 50 per 1000 live births and of maternal mortality rates by at least 50 per cent, particularly in regions where maternal mortality currently exceeds 100 per 100,000 live births; and an increase in life expectancy at birth to 62 years or more for men and women in countries with high mortality.

179. The Declaration, which was adopted by acclamation, called upon all countries to increase their commitment to population policies and programmes as well as to contribute to the development of comprehensive population objectives and goals. The Declaration further called on all countries to make every effort to provide the financial resources necessary to reach the United Nations medium variant population projection by the year 2000, estimated at $9 billion a year by that time or approximately double the current level of such resources.

180. The Amsterdam Declaration was noted with appreciation by the General Assembly in resolution 44/210 on 22 December 1989. The General Assembly also requested the Executive Director to report to it in 1990, through the Governing Council and ECOSOC, on the Declaration's implications for population programmes and to develop further the analysis of resource requirements for international population assistance. The Executive Director has provided this information in document DP/1989/44, which is being submitted to the Council at this session for its consideration.

Publications and audio-visual aids

181. The theme of UNFPA's 1989 State of World Population report, "Investing in Women: The Focus of the Nineties", was widely applauded and the report was the subject of considerable attention in world media. The report was translated into 22 languages, including such major Asian languages as Hindi and Bahasa Indonesia, which considerably enhanced its impact. The Governing Council noted the report with satisfaction and endorsed its recommendations.

182. The theme of the report was taken up in a video released at the time of publication, Women: Key to the Future, which was widely used by television stations and by field offices in special promotions. Women in Africa were the subject of another video, Elsy and Irene, which has stimulated discussion and comment wherever it has been shown. Three short videos made from the same footage have also proved popular and effective.

183. The major video event of the year, however, was the premiere of Without Borders, a special presentation of Turner Broadcasting System, for which UNFPA acted as co-producer. The programme was shown twice on TBS's cable network in the United States and was shown by television stations world-wide through the good offices of Intelsat. The programme has won several prizes for its production team.

184. The theme of Without Borders was the interaction of population and the environment, the subject matter of UNFPA's 1988 State of World Population report, "Safeguarding the Future". With interest in these issues continuing to mount, the report was updated and reissued in 1989.

185. UNFPA's regular publications, the monthly newsletter Population and the quarterly Populi, both featured environment/population linkages during 1989. Population's general coverage continued to emphasize aspects of the UNFPA programme, while Populi dealt at more length with issues of general concern, including a major feature on AIDS in Africa. UNFPA also published its regular Inventory of Population Projects in Developing Countries Around the World in 1989, the Global Population Assistance Report, 1982-1988, and Meeting the Population Challenge, which was based on the Fund's review and assessment of accumulated population experiences.

Conferences and meetings

186. In 1989, in addition to the International Forum on Population in the Twenty-first Century, UNFPA provided financial support for the Fifth Asian Parliamentarians Meeting on Population and Development, held in Manila, the Philippines, and convened the UNFPA Global Meeting in Noordwijk, the Netherlands.

187. The Fifth Asian Parliamentarians Meeting on Population and Development. The level of participation at the Conference, organized by the Asian Population and Development Association (ADPA), was considerably higher than at previous conferences. The participants were received by Her Excellency Corazon C. Acquino, President of the Philippines, who spoke to them on the evolution of the Philippine policy on population and development. Among the topics receiving the most attention during discussion at the conference were population growth, urbanization, and the role and status of women. The participants agreed that at future conferences more time should be allocated to the exhange of information and ideas among the parliamentarians. The Conference attracted considerable political interest and received wide coverage in the electronic and print media.

188. The Global Meeting of UNFPA Staff was held in Noordwijk, the Netherlands, from 10 to 13 November 1989, immediately following the International Forum on Population in the Twenty-first Century. The Global Meeting brought together UNFPA's field and headquarters staff to review and discuss the major organizational and programmatic issues of the Fund. The aim of the meeting was to increase the effectiveness and efficiency of UNFPA so as to meet the increasing needs of developing countries in the field of population. To that end, participants discussed the following issues: (a) the Amsterdam Forum and its Declaration; (b) the McKinsey management study of UNFPA; (c) the delineation of a new programme review and development strategy, and programme/project monitoring and evaluation; (d) decentralization guidelines and procedures; (e) better ways to offer administrative and substantive support to field offices; and (f) personnel policies, including new personnel performance procedures. The recommendations of the Global Meeting on each of these topics, which were included in a report on the meeting, are being reviewed for implementation by an internal working group of the Fund.

Consultations with NGOs

189. In addition to using NGOs to execute projects, UNFPA, through its interregional programme, also seeks to broaden its lines of contact and co-ordination with the NGO community and with grass-roots NGOs based in developing countries. As in previous years, annual consultations with NGOs in New York and in Europe were conducted, so as to enable concerned NGOs and UNFPA to exchange views on population issues and to seek ways and means to increase their co-operation. The Eighth Annual Consultation in New York was held in April and was attended by representatives from about 60 NGOs based in North America. The following month, the fifteenth NGO/UNFPA Consultation in Europe, held on 16-17 May 1989, was attended by about 50 representatives of international and national NGOs. It was the first time the UNFPA annual consultation with NGOs was held in Italy, and Italian NGOs were well represented. The meeting coincided with the release of the 1989 UNFPA State of World Population report, "Investing in Women", and this topic was the primary focus of discussion. The Consultation also reviewed UNFPA policies and programmes, and discussed how collaboration between NGOs and UNFPA could be strengthened.

C. Policy and programme co-ordination

190. In 1989, policy and programme co-ordination continued to play a special role in UNFPA's activities world-wide. Various initiatives were pursued together with other organizations and agencies of the United Nations system, with bilateral donors and with organizations in the non-governmental sector. The Declaration of the International Forum on Population in the Twenty-first Century, held in November in

Amsterdam, called upon UNFPA "to act as a focal point and facilitator for channeling and co-ordinating expanded levels of international population assistance to recipient countries".

191. In adjusting its programming procedures to accommodate evolving needs in the population field, UNFPA placed particular attention on increasing collaboration. Consequently, all new country programmes seek not only to promote collaborative efforts with other organizations, but to harmonize programming cycles with other donors as well. Most important, UNFPA takes special care to ensure that the strategies and approaches used in its programmes complement those of other donors. The Fund also gives particular attention to co-ordination in all UNFPA-sponsored staff training seminars as well as during Global Meetings of UNFPA staff, as it did for example in Noordwijk, the Netherlands, in November 1989 (see above).

192. The Fund continued to participate actively in the ongoing work of the JCGP. UNFPA assumed chairmanship of the JCGP's working group on Women in Development (WID) and was closely involved in such other JCGP efforts as programme harmonization, structural adjustment, training of personnel, programme collaboration in Africa, and sharing common premises and services. In the context of the WID working group, the JCGP successfully organized another of its series of staff training seminars, this time for the Latin America region, held in association with ECLAC/CELADE in Santiago, Chile.

193. UNFPA strengthened consultations with its partner organizations, notably UNICEF, UNDP, WHO, UNESCO, and the World Bank, and continued joint working groups on a variety of issues, such as research, data collection, and training. In the context of the Safe Motherhood Initiative, UNFPA continued to pursue close co-operative activities with WHO, UNICEF, UNDP, the World Bank and a number of non-governmental organizations, including IPPF, The Population Council and Family Care International. The Fund also participated in the preparation of the Triennial Policy Review of the Director-General for Development and International Economic Co-operation. UNFPA found this report to be insightful and extremely valuable.

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D. Staff training and development

195. UNFPA staff training and development efforts continued to receive priority attention in 1989. The new policy on staff training and development issued in 1988 was put into effect and closely monitored by the Fund's Steering Committee on Staff Training and Development. An Advisory Committee on Training, composed of UNFPA staff and Staff Council representatives, was constituted during the year in order to obtain greater involvement of staff members in staff training and development activities.

196. In accordance with the Fund's increasing emphasis on quality programming and enhanced substantive knowledge, the staff training and development programme seeks to strengthen four substantive areas of UNFPA work: maternal and child health/family planning; information, education and communication; the interrelationship between population and development; and women, population and development. The programme also focuses on improving management and supervisory skills; enhancing programme appraisal, monitoring and evaluation skills; developing computer and language skills; and providing orientation and training for UNDP Resident Representatives in their capacity as UNFPA Representatives.

197. The staff training and development work programme for 1989 was designed taking into account the human resource development strategy of the organization. UNFPA planned and executed a comprehensive programme to train and orientate several levels of staff, including those in the field, on a wide range of activities relating to the substantive content of programmes. The 1989 core training activities comprised workshops for field staff on programme policies and procedures; for programme staff on basic population concepts, measures and applications; for field staff on financial, administration and personnel policies and procedures; for all staff, including senior management, on electronic data processing applications; and for all programme staff on women, population and development.

198. The Field Staff Orientation and Training Workshop, held at headquarters in October 1989, was attended by new UNFPA Country Directors, national programme officers and programme assistants, and one national government representative. The workshop emphasized UNFPA's goals, mandate, organizational policies and procedures relating to programme planning, appraisal, monitoring and evaluation (including administration and field office support functions) and the role and purpose of field staff in relation to UNFPA's work.

199. The workshops for programme staff at headquarters on basic population concepts, measures and applications were organized in collaboration with The Population Council in a series of sessions attended in two groups of 20 staff members each. The Field Staff Workshop on Financial, Administration and Personnel Policies and Procedures was held in November/December, Dakar, Senegal, for Francophone Africa and attended by 20 staff members.

200. UNFPA also organized training in various aspects of electronic data processing (see document DP/1990/51). These included, inter alia, word processing, data management and retrieval, and electronic graphics for Professional and General Service staff. The number of staff trained during 1989 totalled 161 in the basic operation of the personal computer local area network (PC/LAN); 101 in the introduction to WordPerfect; 70 in introductory Lotus 1-2-3; 40 in introductory dBase III; 25 in Harvard Graphics; 24 in advanced Lotus 1-2-3; 9 in advanced dBase III; 6 in Ventura desktop publishing software; and 3 in management of the LAN.

201. Also during 1989, the Fund organized Women in Development training workshops for UNFPA field staff participation. A regional training workshop in Bangkok, Thailand, had 33 participants, including UNFPA Country Directors, regional advisers and international programme officers from 11 Asian countries. A JCGP/ECLAC Women in Development Training Workshop was held in Santiago, Chile. The workshop was attended by representatives of the five United Nations organizations involved, i.e., International Fund for Agricultural Development (IFAD), UNDP, UNICEF, the World Food Programme (WFP) and UNFPA, as well as by UNFPA Country Directors and national programme officers from six countries in the Latin America and Caribbean region.

202. UNFPA participated in the Inter-Agency Technical Workshop on Training Results to Finalize the Evaluation Training Guidelines for the United Nations System, which was hosted by the United Nations Industrial Development Organization (UNIDO) on behalf of the Consultative Committee on Administrative Questions (CCAQ) Sub-Committee on Training. UNFPA also participated in ad-hoc workshops organized by UNDP for UNDP/UNFPA field and headquarters staff and junior programme officers on general orientation, programme development and management, and supervisory skills. Several UNFPA General Service staff also participated in the United Nations Secretariat training series on advanced drafting skills.

203. Under its external training programme, UNFPA provided substantive/technical training in population communication/education skills for three technical and programme-related staff. In addition, seven staff members received assistance through the educational assistance programme for various areas of academic/technical training related to UNFPA's mandate.

204. UNFPA also prepared an Introductory Management Handbook for an in-house basic skills workshop series (which was pilot tested in UNFPA with assistance from UNICEF's training section), and a Performance Appraisal Handbook for an in-house workshop series for all staff on the Fund's revised personnel performance evaluation system. UNFPA is also preparing a field training manual on programme policies and procedures based on the UNFPA Orientation Handbook.

E. Evaluation of UNFPA programmes and projects

205. The past year saw a continued increase in the number of project evaluations undertaken as part of scheduled activities. Such evaluations were again found to be useful in revising existing projects and in appraising requests for project extensions. As planned, the in-depth evaluations organized by UNFPA focused on country and intercountry programmes as well as on specific areas and issues in global or regional perspective. However, in view of the recent introduction of a new system for Programme Review and Strategy Development, which includes a country programme evaluation component, UNFPA will no longer organize separate evaluations of country programmes.

206. During the UNFPA Global Meeting held in Noordwijk, the Netherlands, in November 1989, UNFPA headquarters and senior field staff reviewed the revised "UNFPA guidelines for monitoring and evaluation of UNFPA-supported projects and programmes". A final version of the Guidelines incorporating the recommendations made during the meeting is expected to be printed and distributed during the first half of 1990.

207. UNFPA continued to expand its database of lessons learned from evaluations, but at a modest pace. One of the main constraints inhibiting use of the database is that it is not yet directly available to all staff.

This is due primarily to limitations in computer hardware. To compensate for this, UNFPA has been disseminating database information in various ways, including distributing several newsletters with analyses of evaluation results concerning issues of general interest, such as, for example, project institutionalization and the role of women in UNFPA project activities.

Programme evaluation results

208. The findings of the independent, in-depth evaluations undertaken in 1989 are summarized below. Further information is available in document DP/1990/49, which is being submitted to the Council at this session.

209. Nigeria country programme. The evaluation mission found that UNFPA support for the 1987-1991 country programme had contributed to the development and launching of the country's population policy and to progress in the sectors of basic data collection, MCH/FP and population education for secondary schools. More could have been done, however, within the framework of the approved country programme in implementing IEC strategies directed at women of reproductive age, out-of-school youth and males; in extending MCH/FP services to underserved populations in rural areas; and in addressing the issue of women, population and development. The mission noted the good communication among donors regarding ongoing projects, but also observed that the size of the country and the federal system (wherein states have primary responsibility for programme implementation) meant that co-ordination among donors in Lagos did not always prevent overlapping or duplication of activities at state or local levels.

210. Zaire country programme. The evaluation mission found that the achievements of the programme and its sectors had been very limited, particularly in the MCH/FP and IEC components. This was due to insufficient national commitment, inconsistent technical backstopping, incomplete monitoring, and delays in receipt of funds, as well as to external conditions, such as severe communication difficulties. One serious delay occurred in the area of demographic data collection and analysis, and the final results of the 1984 census had not yet been published. The most important results of the programme were its contribution to the formulation of a national population policy and plan of action and the strengthening or establishment of institutional structures for implementing population activities. An interesting feature of this evaluation was that it was conducted in conjunction with evaluations of the programmes supported by UNDP and UNICEF and led to the identification of future areas for joint efforts.

211. ILO intercountry programme. The evaluation mission found that this programme had contributed to a better understanding of the interrelationship between population and development among planners and policy-makers in developing countries and had also provided them with supporting materials, techniques and advisory services for population and developing planning. The programme had made progress in integrating family welfare and family planning into workers' education and in developing new target audiences. It had also produced a reputable body of research and made important methodological contributions in data collection. Moreover, women's concerns had been given a central focus both in programming and in research. Problems included the over-burdening of staff with administrative responsibilities at the expense of their attention to technical issues, insufficient awareness at the country level of the activities of the interregional programme, a less than optimal exchange of materials and project experiences among advisers, poorly designed projects, and inadequate promotion of research findings into policy.

212. WHO/EMRO intercountry programme. The mission found that overall EMRO/UNFPA collaboration had created advantages for both organizations, but that EMRO needed to play a stronger role

in advocating family planning and in giving more visibility to UNFPA inputs in its activities. Implementation of the regional projects had been seriously constrained by the inability to staff the regional advisory team at full complement. With regard to the role of EMRO as executing agency for some of UNFPA's country projects, the mission concluded that many of the constraints identified in the implementation of fellowships and financial matters could be alleviated in the future if the two agencies ensured that there was adequate mutual understanding of policies and regulations, that clear agreements were reached on common procedures, and that project design and appraisal were more rigorously carried out, based on proper assessments of country needs.

213. WHO/AFRO intercountry programme. This was the second independent evaluation of AFRO organized by UNFPA, the first having taken place in 1982. The mission noted the many well-conceived initiatives that had been adopted by AFRO in recent years aimed at increasing self-reliance and community health status. However, the mission also identified a number of constraints on AFRO's ability as an executing agency. These included the limited technical capacity within its MCH/FP unit in Brazzaville, Congo, WHO's national quota system for hiring, and the lack of co-ordination between AFRO and WHO/Geneva, particularly with regard to the dissemination of research findings and guidelines to the field. Concerning the two regional teams, the mission concluded that the Harare-based team seemed more effective even though its objective to increase emphasis on family planning had not been fully realized, while the Bamako-based team appeared to lack effective leadership.

Comparative evaluations

214. Follow-up to the two comparative evaluations reported on in 1988 (training in MCH/FP and population and development planning) continued. For example, a programme advisory note on training in MCH/FP was prepared for distribution in early 1990, and a report on population development planning containing general conclusions based on the four regional reports was completed. Preparations for a programme advisory note on the latter area are under way. In addition to wide distribution of reports and programme advisory notes, some seminars may be organized for further dissemination of the results of the comparative evaluations. Two additional comparative evaluations -- one on MCH/FP management information systems; the other on newly-weds -- were undertaken in 1989. The results of the general analysis of population and development planning as well as of the two evaluations are presented below.

214. Population and development planning. The report concluded that many objectives of population and development projects had been achieved, including the establishment of population councils/commissions and population units, and the undertaking of research and training. However, the more fundamental objective of integrating population into development planning had not been met. Some of the reasons for this included: a lack of conceptual and analytical framework; lack of operational guidelines; the fact that basic needs assessments had not been well structured for the purposes of population and development planning; and weaknesses in project formulation.

215. Management information systems in MCH/FP. UNFPA commissioned a series of studies of the management information systems in MCH/FP programmes in a number of countries. A comparative analysis of these studies was undertaken as a thematic evaluation. This exercise differed from other evaluations in that the focus went beyond UNFPA-supported projects. The analysis concluded that too many programmes operated without access to basic input, output and quality indicators. Even where such access existed, in too many cases data were not taken into account in management decision-making. It appeared that the main requirement for enabling MIS to become a useful management tool was the conveyance of technical

knowledge through consultancies and training. Moreover, there was a need in some countries for additional human resources to operate the MIS. It was also found that some systems needed hardware, especially computer equipment.

216. Newly-weds. Young couples yet to have children were identified by UNFPA's review and assessment as deserving special priority status for family planning education and services in all cultural contexts. Yet, various approaches to this group had been relatively unexplored. Therefore, UNFPA organized an evaluation of five approaches carried out in three countries in Asia and Latin America. The findings of the study indicated that, although service providers were sometimes opposed to the provision of education and services to this group, a newly-wed or pre-marital education activity had merits for a large number of couples. Interest and acceptance could be enhanced when provision of the information on family planning was preceded by an explanation of its significance.

F. Technical co-operation among developing countries

217. Nineteen-eighty-nine marked the eleventh year of continuing UNFPA support for TCDC. Throughout that time, the Fund has allocated increasingly larger portions of its regular programme resources to activities specifically designed to help build up the capacities of developing countries to make use of the TCDC modality in responding to their needs in population and family planning. UNFPA's experience has shown that the voluntary sharing and exchange of skills and knowledge among developing countries has contributed substantially towards finding solutions to population problems.

218. One of the more successful TCDC endeavours supported by UNFPA over the years has been a series of study tours for officials from various developing countries to Indonesia to observe Indonesia's highly successful family planning and population programme. This led ultimately to the establishment of the International Training Programme (ITP) within Indonesia's National Family Planning Co-ordinating Board. ITP now offers regularly scheduled courses for policy-makers, programme managers and practitioners from developing countries on topics ranging from the planning and development of family planning programmes to the promotion and management of community participation in these programmes.

219. UNFPA support to the Centre for Demographic Studies of the University of Havana in Cuba has helped to make it one of the leading demography and research centres serving Latin American and Caribbean countries. Moreover, UNFPA signed an important agreement with the Government of Brazil to provide technical expertise through a TCDC modality to all developing countries, and to Portuguese-speaking countries in sub-Saharan Africa in particular for graduate studies in demography at the Centre for Regional Planning and Development at the University of Minas Gerais. UNFPA also again supported the efforts of the Population and Research Unit of the League of Arab States to organize regular fellowship and training programmes for students from other countries in the region.

220. UNFPA continues to view technical co-operation among developing countries as an important dimension in development co-operation and as an important mechanism in promoting self-reliance over the long term. Thus, UNFPA will continue to give high priority to the promotion of TCDC. In addition, the Fund has assigned a staff member to serve as TCDC focal point officer. The officer is responsible for, among other things, making sure that TCDC is included in the training of UNFPA programme staff, and for monitoring and reviewing the development and formulation of programmes and projects to ensure that the TCDC modality is used when appropriate.

G. Procurement of equipment and supplies

221. UNFPA procurement activities in 1989 totalled US $27,461,885 in the following main categories:

	$
Headquarters procurement for UNFPA and government executed projects/project components	23 747 000
Local procurement (including authorizations from headquarters)	917 000
Publications and audio-visual services	590 000
Headquarters procurement for administrative purposes	2 208 000
Total	27 462 000

222. The total amount for headquarters procurement for projects and project components in 1989 exceeded that for 1988 by approximately US $ 3.0 million. This mainly reflects an increase in requests for oral contraceptives and includes procurement of contraceptives to meet the requirements for Bangladesh on behalf of the Federal Republic of Germany. The figure for headquarters procurement, for administrative purposes, includes expenses for the remodeling of UNFPA's headquarters, expected to be completed by mid-1990.

223. Prices of contraceptives were very stable in 1989. There was, in fact, a slight decrease in the price of some of the products in the second half of the year. Prices of vehicles, however, were high, owing to an unfavourable shift in the exchange rate of the US dollar vis-à-vis the Japanese yen.

224. UNFPA has stepped up its efforts to procure needed supplies and equipment from developing countries. As a result, in 1989 the Fund placed a total of $2.0 million in direct orders with suppliers in developing countries. UNFPA also encouraged its field offices to procure equipment and services locally by increasing the procurement authority at the field level. However, the nature and type of commodities used in UNFPA programmes has tended to limit the volume of UNFPA procurement from developing countries. For example, over 50 per cent of the total value of UNFPA procurement is generally for contraceptives, the particular brands of which are normally specified by project managers. With very few exceptions, only suppliers from developed countries have been able to meet these demands. However, quite a few of the large contraceptive manufacturers are in the process of setting up subsidiary companies in developing countries, often in joint ventures with Governments or with privately owned local companies. This should create more opportunities for UNFPA to increase procurement from suppliers in developing countries.

225. In 1989 procurement from suppliers in Canada, the Netherlands, and the Nordic countries totalled US $4.4 million.

226. Similar to 1988, UNFPA headquarters procurement on behalf of Government-executed projects has been tabulated as UNFPA-executed project components and thus has been included in the total amount for headquarters procurement. This was done to ensure the accurate accounting of procurement transactions and to provide a clear delineation of commitments and responsibilities.

227. Major commodities processed by UNFPA's Procurement Unit in 1989 were:

	US $ 000	
	1989	1988
Medical equipment	8 752	5 663
Oral contraceptive tablets	6 052	1 956
Contraceptive injectables	3 326	2 942
Vehicles	1 111	2 133
Contraceptive intra-uterine devices	503	556
Audio-visual equipment	665	1 130
Contraceptive implants	575	2 174
Condoms	559	639
Computer equipment	427	472
Hormones	384	1 045
Pharmaceuticals	363	506
Vaginal contraceptive tablets	222	465
Office equipment	95	767
Miscellaneous	713	300
Total	23 747	20 748

H. Multi-bilateral funding of population activities

228. UNFPA's extra-budgetary financing is done for the most part through multi-bilateral arrangements. In 1989, there were 17 new projects funded by extra-budgetary resources, raising to 84 the cumulative total of such projects since the inception of the multi-bilateral programme in 1976. In 1989, UNFPA oversaw and monitored some 50 projects which had allocations in 1989 totalling $11.8 million. By the end of the 1989, cumulative allocations to extra-budgetary population programmes and projects arranged and assisted by UNFPA over the period 1976-1989 exceeded $50 million.

229. During 1989, Canada, Finland, Italy, the Netherlands, Norway, Sweden, the United Kingdom, The OPEC Fund for International Development and AGFUND continued to give multi-bilateral support for projects in numerous countries including Bangladesh, Ethiopia, Kenya, Nepal, Nicaragua, Pakistan, Peru, and the United Republic of Tanzania. New multi-bilateral recipients in 1989 were Burkina Faso, Côte d'Ivoire, Cuba, Niger, and Nigeria.

230. Australia continued to support a project in Viet Nam, and Belgium supported an MCH/FP project in Bangladesh, well as a regional population and development training centre at the Catholic University of Louvain, Louvain-la-Neuve. Luxembourg and Belgium continued to support an MCH/FP project in Bangladesh. AGFUND is supporting projects in Pakistan (family welfare centres) and Thailand (MCH/FP and birth spacing) and has pledged support for the regional Pan Arabic Project for Child and National Health Survey (PAPCHILD) project in the Arab States region and for projects in the Seychelles (family welfare education) and Sudan (population information and communication).

231. Both Norway and the Netherlands are maintaining a substantial number of multi-bilateral projects. In addition, Norway recently signed an agreement with UNFPA for channelling Norwegian bilateral funds through UNFPA to Kenya, and negotiations are ongoing for Norwegian bilateral funds to the United Republic of Tanzania. Several projects in Africa are under consideration by the Netherlands, Norway, and Denmark. The Netherlands and Finland are considering projects in Latin America, and the Netherlands and Australia are considering projects in Asia.

232. UNFPA, in supporting multi-bilateral arrangements, is trying to serve the needs of both recipient and donor. UNFPA does not view such arrangements as in any way competing with the multilateral principles of United Nations assistance or as an option to general contributions.

233. UNFPA is deeply aware that it cannot meet all the growing needs of developing countries in the population field. UNFPA's concern is therefore not restricted to the funding of projects from its own resources. UNFPA is concerned about population needs of all developing countries and with helping them tackle their population problems regardless of whether UNFPA itself can provide the necessary financial assistance. UNFPA is, therefore, prepared to act as sponsor, promoter, co-ordinator and as "match-maker" of donors and recipients for a variety of population-related activities when invited to do so.

234. There are several ways to provide multi-bilateral resources: (a) as an exclusive funding source for a project; (b) as a group of countries, organizations or agencies that provide funding for a project; (c) as a country, organization or agency that joins UNFPA in providing funding. Sometimes multi-bilateral funding is arranged, at least in its initial stages, by national representatives in the particular recipient country in co-operation with the host country and UNFPA field office.

235. UNFPA-arranged multi-bilateral funding can be used to assist developing countries in formulating national programmes or specific projects and in enlisting the co-operation of donor agencies to provide necessary resources for these programmes' implementation. Or, UNFPA can act simply as a "go-between" in bringing together donor Governments and developing countries to provide support for population activities.

V. SPECIAL SECTIONS REQUESTED BY THE GOVERNING COUNCIL AT ITS THIRTY-SIXTH SESSION

A. Population and poverty

236. This special section of the Executive Director's annual report on population and poverty has been prepared in response to Governing Council decision 89/46 A, paragraph 12, which invited the Executive Director "to identify obstacles encountered by developing countries in the implementation of policies and

programmes related to population matters in the context of the link between the implementation of population programmes and the exacerbation of poverty, taking into account the views expressed by delegations on all relevant macro-economic factors, in particular the external indebtedness of developing countries".

237. This section is organized into four parts. The first part attempts to put the problem in perspective by providing a brief overview of the extent of global poverty. The second part reflects on the macro-economic factors that have contributed to or exacerbated poverty conditions, giving particular attention to international indebtedness. The third part focuses on the significance of the population dimension in the context of widely prevalent poverty and exacerbating macro-economic influences. The fourth part examines the obstacles inhibiting the effective implementation of population policies in light of the findings and conclusions of the Fund's recent review and assessment of accumulated population experience. It also highlights many of the population and related activities undertaken by UNFPA to help ameliorate conditions that contribute to or deepen poverty.

Extent of the problem

238. Few issues today evoke as much concern and confusion world-wide as growing poverty and how to deal with it. There is even serious difficulty with the concept itself: what is poverty and how does one measure it? One approach has been to compare the per capita income levels of various countries as well as of various groups within countries. This has produced a wealth of comparative figures on gaps in income (often very large and growing), even if it has not produced a wealth of understanding or corrective policies and measures. Another approach has been to estimate the number of people world-wide who live in "absolute poverty", by which is meant a condition of life so limited by malnutrition, illiteracy, disease, squalid surroundings, high infant mortality, and low life expectancy as to be beneath any reasonable definition of human decency.

239. Although there is no standard or widely accepted definition of "absolute poverty", most knowledgeable observers would agree that between 15 and 20 per cent of the world's population lives in intolerable conditions. According to some accounts, notably that of the World Bank and FAO, in the early 1980s between 700 million and 1 billion people were living in poverty. 1/ Furthermore, according to a recent report published by UNICEF, over 1 billion people still lack adequate food, clean water, elementary education, and basic health care. 2/ Whereas one would have expected sustained improvements in nutrition throughout the world, malnutrition has actually increased in a number of countries in recent years. 3/ Moreover, records show that life expectancy fell in nine African countries between 1979 and 1983, 4/ and that hunger seems to be on the rise in many parts of the world. 5/

240. Crude estimates of one knowledgeable observer suggest that approximately 675 million people live in "absolute poverty" in Asia, or 25 per cent of that region's population; 325 million in sub-Saharan Africa (62 per cent of the region's population); 150 million in Latin America (35 per cent); and 75 million in North Africa and the Middle East (28 per cent). 6/ Despite rapid urbanization and growing urban poverty -- especially in Latin America -- 80 per cent of those afflicted by absolute poverty still live in rural areas. Numerically, the group most plagued by poverty is children. As family size increases and per capita incomes decline -- particularly in rural areas -- there is reason to believe that perhaps two-thirds of the world's poorest people are children of the poor.

241. The poor are also more likely to be female than male (particularly in urban areas), leading some analysts to speak of a global "feminization of poverty". Although the actual extent of female poverty is not yet adequately documented, there is no question that women are paid less than men, work longer hours because of multiple employment and domestic burdens, are less well educated, and constitute a large group of single parent families where poverty tends to be most acute. 7/

Exacerbating macro-economic factors

242. The social and economic paths of the rich and poor diverged sharply during the 1980s. For many relatively wealthy countries, the decade was a time of resurgence and recovery after the economic turmoil of the 1970s. For many relatively poor countries, however, particularly those in Africa and Latin America, the 1980s were a time of decline, of falling food supplies, falling earnings, and rising debt.

243. Perhaps most telling, by the end of the 1980s, developing countries had accumulated a staggering US$1.3 trillion dollars of debt, for which they are obliged to pay approximately US$100 billion yearly just to meet interest payments. Indeed, after subtracting foreign aid, investments and new loans, many developing countries are experiencing a reverse flow of resources totalling approximately $60 billion per year. Equally problematic has been the scissor-squeezing effect of falling export earnings in many developing countries. Excluding petroleum products, the prices of 33 commodities monitored by the World Bank fell by 40 per cent between 1980 and 1987. 8/

244. The scissors effect of falling earnings and rising debt has, unfortunately, created an economic crisis for many governments. A partial solution to this situation has been to adopt "structural adjustment programmes". Structural adjustment programmes aim principally at eliminating macro-economic inefficiencies over the short and medium term so as to stimulate economic growth, and ultimately, to facilitate the repayment of debt and accessibility to new credits. However, for several of the 59 countries receiving long-term structural adjustment loans between 1980 and 1988, evidence is mounting that the actual implementation of structural adjustment measures may be disproportionately hurting the poor. Indeed, case studies in Botswana, Brazil, Chile, Ghana, Jamaica, Madagascar, Peru, the Philippines, the Republic of Korea, Sri Lanka and Zimbabwe show a deterioration in general health, education and living standards since the adoption of such measures. 9/ To help alleviate this situation -- to reduce the magnitude of cutbacks in social services and build up some sort of a security net -- the World Bank has inaugurated its Social Dimensions of Adjustment Program, with research under way in 20 African countries, and action-oriented loans to assist those countries affected most by this crisis.

The population dimension

245. It is in the context of widely prevalent poverty and the exacerbating influences described above that rapid population growth and pronounced imbalances in its distribution take on major significance. The population of the developing world grew by 770 million during the 1980s and, according to the United Nations medium variant projection, will increase by an additional 900 million in the 1990s. At the national level, a doubling of the population within 25-30 years (which assumes an annual growth rate of between 2.3 and 2.8 per cent) -- as projected in many developing countries -- means that greater pressure will be brought to bear on governments to provide some reasonable level of health, education, employment, housing, and related services.

246. The magnitude of this task is perhaps even more unsettling if one takes into account the unequal distribution of population growth and numbers among regions, countries, age groups and rural and urban areas. For example, by the end of the century, those in developing countries aged 0 to 25 years will number some 2.6 billion, or nearly 42 per cent of the world's projected population at that time. The Amsterdam Declaration, noting the sheer volume of the projected population to the year 2000, captured well the potential impact of such a development: "The younger ones among this group (those aged 0 to 14 years) will largely have to depend on others for food, education, health care, clothing and shelter; the older ones (age 15 to 24) will have to struggle to find work, especially in the cities, which are currently growing at four times the rate of those in the more developed regions (3.6 per cent per year versus 0.8 per cent)."

247. One consequence of rapid and uneven population growth, therefore, is that it further exacerbates shortages in social services and infrastructure, thereby reducing the fiscal capacity of governments to meet the basic needs of their people. Several studies suggest that this has in fact been the case in the area of education. For example, the total number of illiterate people in the world increased from 742 million in 1970 to approximately 890 million in 1983. While there are many causes of this increase, it is clear that the already insufficient investments in education were unable to keep pace with rapid population growth in the 1980s.

248. At the community level, where the poorest families tend to have largest numbers of children, the proportion of poor people in the community will likely increase, especially if children are disproportionately born into families that are most destitute. To illustrate, whereas on average 15-30 per cent of families in developing countries as a whole have eight or more members, the proportion of poor families with that many members is 55-80 per cent. Poorest communities therefore tend to have relatively high dependency ratios, with considerable pressure on economically active members to provide income and food security.

249. At the family level, resources may be diminished when, for example, savings and investments are used to clothe and feed additional children, land is fragmented into unproductive sub-parcels to accommodate larger numbers of adult children and so on. In some cases, this has been observed to drag down scarce financial reserves, thus undermining the family's ability to absorb economic shocks (poor crops, loss of jobs) and contributing to widespread social and economic insecurity. Furthermore, higher birth rates among the poorest families are associated with higher infant and maternal mortality rates, and through resulting malnutrition, in some cases to brain stunting and inferior anthropomorphic development (stature, muscle development, etc.). 10/ That this can subtract directly from physical human capital is particularly important in contexts where labour-intensive employment prevails, such as farming.

250. Combining these realities with projected demographic growth over the next 40 years yields an immense challenge. How will developing countries cope as the world's population grows by another 3.2 billion between 1990 and 2025 (according to the United Nations medium variant projection), with more than 90 per cent of this growth taking place in regions where poverty is most prevalent? Some analysts warn that without extremely bold and multi-faceted action to integrate population, health, education, employment and related issues into improved development planning, upwards of one-half of humanity could be living in absolute poverty by the year 2050-2075. 11/ Yet, merely to keep the world's population from surpassing the projected figures above, the proportion of couples practicing contraception in developing countries must increase from approximately 326 million couples in 1987 (approximately 48 per cent of all married couples) to close to 900 million couples by 2025. It has been conservatively estimated that monies spent on population programmes would have to at least triple by 2025 to make achieving such a goal feasible. And to aim for population increments below the projected 3.2 billion -- to say 2.4 billion more people, were the

United Nations low variant population projection to be realized -- even greater levels of population assistance would be required.

Implementing population policies

251. The review and assessment of accumulated population experience over the last 20 years conducted by UNFPA identified several major obstacles inhibiting the effective implementation of population policies and programmes. These include: (a) lack of political will and commitment on behalf of governments; (b) persistence of cultural, religious and other social constraints; (c) ineffective allocation and use of existing resources; (d) lack of institutional arrangements for integrating population into national development planning, as well as for co-ordinating population and development strategies; (e) lack of effective programme monitoring and evaluation to insure quality; (f) insufficient collaboration with the non-governmental sector; (g) lack of reliable data, research and policy analysis to assess population problems and commensurate strategies; and (h) lack of adequately trained personnel to manage and execute population and development activities.

252. Many of these obstacles are made worse by poverty itself. At the national level, for example, the poorest countries lack financial resources to launch and staff the institutional arrangements required for effective population planning; to fund information, education and communication programmes; or to undertake essential data collection, research, and policy analysis. At the local level, the cost of effective outreach is often prohibitive, especially as large shares of the poorest families live in rural areas, often remote ones. At the individual level, poverty again inhibits the delivery of and even the demand for maternal and child care and family planning services. It does so directly, because even when families wish to have no more children, the absolute poor may not be able to afford the financial and social costs of accessing the services that may be available. It does so indirectly, because poverty, illiteracy, and unfounded fears about fertility and contraception often go hand in hand, raising obstacles to the effective use and supply of family planning services.

253. To contribute to the alleviation of poverty through effective population policies and programmes, UNFPA and its Governing Council have played a leading role in mobilizing resources for population assistance within the international community; in revising the criteria and threshold levels to which countries are accorded "priority" status for UNFPA assistance in terms of per capita income, annual increments to total population, levels of infant mortality, levels of female illiteracy, agricultural population density and gross reproduction rates; and in incorporating lessons from its review and assessment of past experience to better reach the poor in the country programmes the Fund assists. This emphasis is reflected not only in a new strategy that UNFPA is proposing for developing countries, but in shifts in funding to the extent that 70.2 per cent of all UNFPA expenditures went to "priority" countries between 1982 and 1987, whereas only 56.8 per cent did so between 1976 and 1981. By 1988, expenditures to priority countries totalled 73.5 per cent and, according to Governing Council decision 88/34, should reach 80 per cent in the near future.

254. At the programming level, the Fund's concern with alleviating poverty is reflected in special attention to disadvantaged groups as well as to the use of innovative approaches to reaching them. Examples include projects to enhance the status and role of women both in development and in society and to promote income-generating opportunities for both men and women, particularly in rural areas; to use NGOs and grass-roots organizations to reach the poorest groups in rural and marginal urban areas; to target population education and related assistance to help reduce teen-age pregnancy; to redress rural/urban

inequalities by targeting MCH/FP programmes to poor groups, such as landless families in geographically remote or isolated areas; to formulate strategic approaches to population and poverty in countries facing deteriorating economic conditions, such as in sub-Saharan Africa; to anticipate and offset negative consequences of structural adjustment programmes on population activities or groups, such as women and children, that are especially vulnerable; to promote integrated population and development planning by, for example, participating in collaborative initiatives through the Joint Consultative Group on Policy, as well as in a consortium of agencies, including WHO, UNICEF and the World Bank, to support fundamental health infrastructure for MCH/FP programmes in particularly poor areas; and to undertake a broader assessment of factors influencing poverty conditions -- such as health criteria, income inequality, and complementaries between policies -- in Programme Review and Strategy Development exercises, which are now requisite for developing UNFPA country programmes of assistance.

255. While the challenges ahead may seem daunting, it is important not to lose sight of the considerable progress that has been made in clarifying linkages between population and poverty problems, as well as the kinds of action-oriented programmes needed to combat obstacles and make population assistance more effective. In this regard, UNFPA looks forward to sharing its experiences with other agencies in the United Nations system, as well as with non-governmental agencies and others in the quest to mobilize resources to retard and eventually eliminate poverty as a human condition.

B. UNFPA support to socio-cultural research

256. This special section of the annual report has been prepared in response to Council decision 89/46 A, paragraph 17, which took note "of the need to ensure that population assistance is appropriate to specific socio-cultural attitudes, beliefs and practices with regard to fertility and family planning" and requested the Executive Director to include information on UNFPA support for such research in the annual report for 1989. This section is presented in two parts. The first part provides a brief overview of main issues and problems associated with the undertaking of socio-cultural research. The second part provides a brief summary of UNFPA support to such research.

Issues and problems

257. Recognizing the importance of socio-cultural research in the formulation of sound population policies and in the strengthening of the operational aspects of programmes, UNFPA has promoted, and will continue to promote, research at national, regional and global levels, with emphasis on socio-cultural aspects. For example, as a consequence of its two-year-long review and assessment, UNFPA initiated a series of exercises to assess accumulated experiences in the use of such research through a review of pertinent literature and the undertaking of field-level inquiries through its field offices. The resulting overview of the socio-cultural factors that have a significant impact on MCH/FP and IEC programmes indicates that a knowledge of culturally defined patterns of social behaviour is critical to the programming process. They include, among others, social attitudes towards marriage, sexual behaviour in and out of marriage, pregnancy and childbirth, and age and aging. The overview also shows that social attitudes strongly influence people's willingness to discuss demographic processes, as well as their receptivity to various population programmes, projects and activities.

258. A basic feature of all cultures is the way in which social organization is carried out. In this connection, family formation is very important. It lays the foundation for marriage, family size and the age

at first marriage, among other things. Such customs, however, often vary from region to region within countries, as well as between rural and urban areas. Moreover, the role and status of women in society and in development determines to a large degree the extent to which they influence the fertility, contraceptive and child-bearing practices of their respective communities. For example, women's level of education, participation in income-generating economic activities, role in the socialization process, access to health care, and communication with their spouses contribute substantially towards their participation in decision-making about family size, the spacing of children and preferences concerning the sex of children, and the option of using contraceptives, either modern or traditional.

259. The demand for children plays a vital role in the family. How many children and of what sex are among the many issues influencing acceptance of birth spacing and contraception. Issues such as these are thus integral parts in the cultural and social milieu in which a society operates and must therefore be examined and understood before a government can formulate an effective population policy to guide activities in a given socio-cultural setting. However, the exact magnitude of the effects and specific nature of interaction among individual or collective socio-cultural variables are not yet, and perhaps cannot be, completely understood. Still, the undertaking of socio-cultural research is indispensable in providing necessary data and knowledge for the formulation of population policies. Indeed, to facilitate the achievement of policy-relevant objectives, one would obviously seek to uncover those socio-cultural factors that have a direct bearing on efforts to improve the effectiveness of MCH/FP programmes and IEC activities.

260. Furthermore, the UNFPA review indicates that religion and religiosity, level of social development, extent of adaptation of new ideas and technology, and the like, are significant socio-cultural factors affecting fertility behaviour, contraceptive use, and MCH/FP service utilization and the effectiveness of IEC activities. Whether actually founded in religious texts or dogmas, religious interpretations have been found to affect peoples' attitudes and guide their behaviour regarding family formation, marriage patterns, child rearing and contraceptive use. Religious factors, though often submerged under cultural or other norms, in fact often form the basis for such behaviour. Still, social structures and societal norms, though often rooted in the religious legacies of the various peoples, must also be considered as independent and significant factors influencing the acceptance and implementation of family planning programmes.

261. Another important finding that emerges from the UNFPA review exercise is that there is a strong correlation between the stage of a society's social development and the dynamics of socio-cultural change. For example, social development not only enhances the availability of social and economic opportunities and services, it also heightens peoples' participation in and responsiveness towards interventions affecting their social behaviour. Quite often, policies that have been formulated without ascertaining the stage of a society's social development have resulted in unrealistic interventions in a particular social and cultural milieu, which in turn has led not only to failure but to unanticipated, if not surprising, developments. Thus, the interrelationship between the level of social development and the dynamics of socio-cultural change must be studied so as to be understood within the context of strategic planning and policy-making.

262. Peoples' attitudes towards modern methods of contraception are important in influencing the effectiveness of family planning programmes. One serious difficulty as regards socio-cultural factors is the concept of modern contraception itself. Indeed, some people in some developing countries consider modern methods of contraception as products of socio-cultural environments quite different from the very societies in which their acceptance is being sought. As a result, some traditional societies, particularly those at early stages of development, have tended to resist or be cautious towards the introduction of modern family

planning techniques and services, regarding them as inappropriate to their specific social and cultural settings.

263. A serious difficulty in socio-cultural research is the lack of data and a precise definition of concepts. Therefore, in order to complement conceptual studies on various aspects of socio-cultural attitudes, more data-based research on social and cultural factors must be undertaken and the findings organized in databanks. This will require employing better data-collection techniques so as to allow in-depth analyses of socio-cultural variables, which would ensure more effective incorporation of such knowledge in population policy and programme formulation. Whatever little information is available in this area tends not to be policy-oriented, and thus not easily translatable into policy options. There is a need, therefore, to develop linkages among variables to improve the usefulness of existing information and to combine survey and observational methods to improve the knowledge base of focus and target groups.

264. A further weakness in the process of utilization of research is that the existing gaps between research and policy formulation and implementation have never been a priority of either policy-makers or researchers. As a result, on the one hand, policy-makers tend to know very little about research findings, while on the other hand, the literature produced on this subject by researchers often fails to address strategic planning objectives. Even when such problems are dealt with, often the focus is too narrow or the generalizations so impressionistic that the results are difficult to use with any degree of confidence in policy-making.

265. In order to bridge this gap there is a need to devise alternative conceptual frameworks for examining potential connections between fertility-related expectations and behaviours and perceived effects of contraceptive use at the micro-level (that of the individual and domestic group), as well as at the macro-level (large kin groups and communities). The knowledge gained by including relevant socio-cultural information in conceptual frameworks would help promote awareness of research findings among policy-makers and planners, as well as generate support in the community and improve both the accessibility of MCH/FP services and the effectiveness of IEC activities even in some unfavourable social settings. This would influence and enhance the participation of individuals and families in the programmes and projects supported by the Fund.

266. Yet, information on socio-cultural characteristics that can potentially affect population programmes is not widely available. This is compounded by the fact that the reproductive behaviour of small ethnic or community groups is only partially known. Information is often limited to anecdotal references or to that published in local or small-circulation journals. Consequently, even when there is information available, it often does not serve the needs for the formulation of programmes and the design of services.

267. Of course, the population situation, as well as perceptions and level of commitment with regard to population issues, varies from country to country. Also, wide differences exist between socio-cultural values and contexts, between the availability of socio-cultural data and their utilization, and in the capacities of national research organizations. Consequently, the population programmes designed to address the specific needs of various groups must be different as well. In view of these conditions, UNFPA has increasingly provided support to countries through national and interregional projects in order to introduce or strengthen the incorporation of socio-cultural factors into population programmes.

UNFPA support for socio-cultural research

268. This part of the special section provides a brief description of some of the most relevant socio-cultural-related research supported by UNFPA. It should be noted that on the basis of research findings, UNFPA has provided support to create and promote awareness among all those involved in population programmes of population issues, as well as of the relevance of socio-cultural factors. The Fund has done so primarily through interregional, regional and national meetings, conferences, and workshops, and through the production of population education and communication materials. Such activities have benefited large numbers of countries in all regions of the world.

269. UNFPA has also promoted and supported the undertaking of socio-cultural studies and research as well as baseline surveys in numerous countries. For instance, a baseline survey was conducted in Ethiopia under a UNFPA-supported project. The purpose of the survey was to collect information on the social, cultural and economic characteristics as well as the knowledge, attitude and practice (KAP) of the people concerning health, sanitation, nutrition and reproductive behaviour, in order to lay the foundation for formulating information and communication materials in support of the MCH/FP programme. Moreover, UNFPA-supported a socio-cultural case study in Democratic Yemen, which was to be used in the design of the in-school curriculum. The Fund also organized a KAP survey in Democratic Yemen for use in out-of-school literacy and adult education programmes. In Mexico, UNFPA funded a survey to identify and study the demographic behaviour of ethnic groups, as an input to the national population programme. Also in Mexico UNFPA continued its support of a programme on social research.

270. UNFPA has provided assistance to research studies specifically oriented to identify socio-cultural factors influencing the acceptance of family planning programmes. In Thailand, for example, UNFPA-funded MCH/FP projects were formulated on the basis of socio-cultural information on hill tribes and on the population in the southern provinces. In Malaysia, a country known for its multi-ethnic composition, each with its own distinct cultural and religious values and traditional practices, UNFPA-supported activities in the area of the collection and analysis of population-related data invariably take into consideration ethnicity and socio-cultural factors. In Nepal, population projects have been formulated fully cognizant of cultural values, beliefs and norms among the different communities and how these affect reproductive behaviour and family patterns, as well as the status of women and migration patterns. In Bangladesh, the IEC and MCH/FP programmes that UNFPA supports have drawn extensively on all relevant socio-cultural research that exists. In Viet Nam, social, cultural and behavioural aspects concerning acceptability of contraceptive methods have been included in a UNFPA-funded research project on human reproduction.

271. Similar activities have been undertaken in the other regions as well. In sub-Saharan Africa, for instance, UNFPA is supporting an MCH/FP project in Zaire, which began with socio-cultural research. The objective of the research was to find where the "classical" approach had failed in Zaire and to develop an alternative approach that would be successful. In Latin America, a UNFPA-supported study proposes to analyze the determinants of fertility in Uruguay by means of a survey conducted among women of child-bearing age who live in the Department of Montevideo. The immediate objective of this project is to generate socio-cultural data with regard to knowledge of contraceptive methods; attitudes towards family size, child spacing and contraceptive use; and prevalence of contraceptive use. In the Arab States, in Yemen, UNFPA-supported research in the MCH/FP area is aimed at disclosing the dysfunctional aspects of family planning service delivery. An important area of this research is an examination of perceptions, attitudes and behaviour of the community as regards the content and coverage of family planning services and the perception of the role of such services in upgrading people's health.

272. UNFPA has supported research studies focusing on the socio-cultural context and income situation of both the family and women in rural areas. Moreover, many of the UNFPA-funded projects specifically addressed to the concerns of women include a socio-cultural research component. In Liberia, for example, within the framework of a project on income-generating activities for rural women in Nimba County, a survey has been proposed to collect relevant socio-cultural data that would be replicable in other counties. In Yemen, under a UNFPA-supported project on population and family life education in rural extension centres, a research programme was initiated in three regions to provide a clearer understanding of administrative roles, responsibilities, attitudes towards family life education, and work constraints among extension workers and rural women. In Viet Nam, UNFPA supported a research project on the impact of socio-economic and cultural change on family structure and demographic variables. The project is focusing on such issues as changing marriage patterns, fertility decision-making, socio-psychological aspects of using various methods of birth control, and social factors affecting infant and child morbidity and mortality.

273. UNFPA has also supported studies examining the socio-cultural factors that determine community patterns which affect the health situation of the people and infant and maternal mortality. In Liberia, for example, UNFPA is supporting in Montserrado County, under an MCH/FP project, a community-level diagnosis covering, among other factors, the socio-cultural patterns of behaviour affecting the health of the people. In Democratic Yemen, high priority has been given to studying the status and role of the traditional birth attendants (TBAs) in society, with a view to identifying those areas where TBAs are accepted by a wide cross-section of the community as well as those TBAs Government medical services can select and train as part of the community link with primary health care. In another research study in Democratic Yemen, areas with different socio-economic structures and degrees of accessibility of governmental MCH/FP services were selected for comparison as regards the situation of maternal and infant mortality. Moreover, the Fund has supported, in collaboration with JOICFP, a project on integrated family planning and parasite control which focuses on health conditions and family planning acceptance, taking into consideration the socio-cultural context of the community. This project has been implemented in Colombia and Mexico, among others.

274. UNFPA has provided assistance to undertake studies in support of family life education and family planning services and reproductive health programmes for adolescents, which take into account socio-cultural factors. For example, in Sri Lanka UNFPA has supported a research programme undertaken by the Family Planning Association of Sri Lanka on the reproductive health of adolescents. This research has revealed many socio-cultural phenomena having an impact on reproductive attitudes and behaviour among young people. Also, in the English-speaking Caribbean, in Anguila, Barbados, British Virgin Islands, Dominica, and Jamaica, family planning services and family life education programmes have been tailored according to the socio-cultural values of the target population.

275. In the area of population education and communication programmes, UNFPA has provided considerable assistance for the promotion and support of research studies aimed at strengthening family planning and other community-related programmes. The majority of the UNFPA-supported IEC projects are based on research studies which take into account socio-cultural factors prevalent among the target populations. In Yemen, for instance, under the IEC programme assisted by UNFPA, a socio-cultural case study was initiated in 1988 under the population education project. This study on knowledge, attitudes, values and beliefs concerning population and family life questions aims at increasing awareness on those issues among target groups. In Viet Nam, a project on parent education started with a baseline survey to assess customs and beliefs concerning child care, and another project with the audio-visual centre includes

research activities to determine the socio-cultural characteristics of the target audiences and the implications of these characteristics with regard to population communication.

276. In recent years, UNFPA has provided increasing assistance to create or strengthen the national institutional and technical capacity required to undertake and utilize socio-cultural research results. In Liberia, UNFPA is supporting the Demographic Unit at the University of Liberia, which, in addition to conducting policy-oriented research, will undertake socio-cultural studies as appropriate. In Viet Nam, UNFPA is supporting a project to strengthen the institutional capacity of the Rural and Urban Institute, in which socio-cultural research forms part of the research agenda.

277. Lastly, UNFPA has co-sponsored the Demographic Health Survey Programme in a number of countries around the world. The survey is seeking to collect and analyze information on such important factors as marriage patterns, age at first marriage, fertility desires, obstacles to contraceptive use, the need for family planning, incidence and causes of high-risk pregnancies, maternity care, and breast feeding, among others. Such efforts will greatly enhance UNFPA ability to formulate programmes that take into account socio-cultural attitudes.

278. UNFPA has funded research specifically designed to expand knowledge and understanding on young people's physical and social development as well as the attitudes of those who have the most influence on their reproductive health and behaviour. For example, through the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, UNFPA provides support for research on the consequences of female circumcision, early marriage, taboos and other practices that affect the health of young women and children. UNFPA also supports the WHO interregional "Study on Reproductive Health in Adolescence: Fertility and Fertility Regulation in Adolescence", which organizes research activities designed to increase awareness and knowledge of the health and social problems related to the fertility and reproductive behaviour of adolescents. The project has gathered biomedical data on various aspects of adolescent pregnancy as well as baseline data on the psycho-social aspects of contraceptive and reproductive behaviour among adolescents.

279. Since the formulation of effective policies and programmes for the reduction of adolescent fertility require a thorough understanding of adolescent fertility patterns, UNFPA is also funding another interregional project in this area through the United Nations Population Division. The objective is to fill an important gap in knowledge with respect to global levels and trends in adolescent fertility. This study will thus seek to identify common patterns and emerging trends in adolescent fertility in developed and developing countries.

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